

GLASGOW LIONS TOUCH RUGBY CLUB INCIDENT REFERRAL FORM

Your name:.....

Your position:.....

Child's name:.....

Child's address:.....

.....

Child's date of birth:.....

Child's disability (if any):.....

Child's ethnic origin (please state)

Parents/Guardians names and address:.....

.....

Any specific needs of the child:

Is an interpreter required?

Yes

No

Date and time of any incident:

.....

Your observations:

.....

.....

.....

.....

Exactly what the child said and what you said (Remember, do not lead the child – record actual details. Continue on separate sheet if necessary):

.....

.....

.....

.....
.....

Action taken so far:

.....
.....
.....

External agencies contact (date & time):

Police: YES / NO

If YES – which:

Names and contact number :

Details of advice received;

.....
.....

Social Services: YES / NO

If YES – which:

Name and contact number:

Details of advice received:

.....
.....

Touch Rugby (STA) : YES / NO

If Yes – Name and contact number:

Details of advice received:

.....
.....

Local Authority: YES / NO

If YES – which:

Name and contact number :.....

Details of advice received:
.....
.....

Other: (e.g. NSPCC)

Which:

Name and contact number:

Details of advice received:
.....
.....

Signature:

Print name:.....

Date:.....

Remember to maintain confidentiality on a need to know basis – only if it will protect the child. Do not discuss this incident with anyone other than those who need to know.