## **SAFEGUARDING INCIDENT REFERRAL FORM (SIRF)**

CLUB/ORGANISATION'S NAME:										
YOUR DETAILS:										
Position/role: First name (s): Address:		Surname:								
Email address:		Postcode:								
Daytime Tel No:		Evening Tel No:								
YOUNG PERSON'S DETAILS:										
First name (s): Date of birth: Parent/Carer's name Address:	<b>9</b> :		Surname: Gender:							
Disability (if any): Daytime Tel No:		Postcode:  Evening Tel No:								
Ethnic Origin (Please Tick)	White British	White Irish	White Other	Mixed - White & Black Caribbean	Mixed - White & Black African					
Mixed - White & Asian	Asian/Asian British Indian	Asian/Asian British Pakistani	Asian/Asian British Bangladeshi	Asian/Asian British Other	Black/ Black British Caribbean					
Black/Black British African	Black/Black British Other	Chinese	Other Ethnic Group	If other, please state:						



## **DETAILS OF THE INDIVIDUAL WHOSE BEHAVIOUR YOU HAVE CONCERNS ABOUT:**

Position/role:							
First name:			Surname:				
Address:							
			Postcode:				
Daytime Tel No:		Eve	Evening Tel No:				
Age band (Please Tick)	Under 18:	18-25 yrs:	25-50	yrs:	50+ yrs:		
Relationship to the young person for whom there is concern:							
Are you reporting your con If the latter, please provide							
in the factor, produce process	, coron realist and it possess						
Please describe the concerns/observations.							
Include dates, times, venu	e, etc of any specific inci	dent:					

PLEASE CONTINUE ON FOLLOWING PAGES ————



Have you spoken to the young person(s)? If so, please give details of what was said and when:
Have you spoken to the parent/carer of the young person(s) involved? If so, please give details of what was said and when:
Action Taken So Far:



PLEASE CONTINUE ON FOLLOWING PAGES -

## **EXTERNAL AGENCIES CONTACTED TO DATE:**

VULLEYBALL ENGLAND:	
Name & Position:	
Contact Details:	
Advice Received:	
POLICE:	
Name & Position:	
Contact Details:	
Advice Received:	
Adviso Rossivou.	
CHILDREN'S SOCIAL CARE:	
Name & Position:	
Contact Details:	
Advice Received:	
Advice Received.	
OTHER (E.G. NSPCC):	
Name & Position:	
Contact Details:	
Advice Received:	
Advice Received:	<b>ΠΔΤΕ·</b>
	DATE:

Remember to maintain confidentiality. Do not discuss this incident with anyone other than those who need to know. This form should be returned to either the Club or Regional Safeguarding Officer in your locality or the National or Lead Safeguarding Officer at Volleyball England, marked 'PRIVATE & CONFIDENTIAL'.

