



Affiliated Football Referral Form

Date of Referral: _____

County FA(s): _____

Participant's details <i>(This is the person you are referring to The FA)</i>			
Participant name		Relationship to victim/s	
Address		Tel Number	
		Email	
		Role in football <i>(Is the post paid?)</i>	
Postcode		Club or organisation	
Date of Birth		FAN	
Gender		Ethnicity	
Referrer's details <i>(Please enter your details)</i>			
Name of referrer		FAN number <i>(if relevant)</i>	
Address		Role / Organisation	
		Tel Number	
		Email	
Postcode		Relationship to participant	
Child or Vulnerable Adult's details <i>(The child/ren or vulnerable adult/s who are at risk of harm)</i>			
Details of alleged victim/s (age) <i>e.g. Joe Bloggs (12 years), Wembley FC U13 girls team</i> (Please include name, age, club, parent's details an any other relevant info)		FAN <i>(if relevant)</i>	
		Gender	
		Ethnicity	
		Parent/carer name	
		Contact details <i>(telephone number, email, etc)</i>	
		County FA	
Professional network <i>(Please provide name, contact number and email. Kindly provide the advice received and contact date with agency)</i>			
LADO <i>(Name, telephone number and email address)</i>			
Social Services			
Police			
Other <i>(e.g. NSPCC, Club Designated Safeguarding Officer, etc)</i>			

Details of concerns

Type of abuse <i>(Please tick as appropriate)</i>	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Emotional abuse	<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Neglect	<input type="checkbox"/> Bullying
Other <i>(Please specify)</i> :					

Incident/s details <i>Please summarise the incident, including details of any other relevant parties.</i> <u>Clearly identify a list of your safeguarding concern/s</u>	
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Do you think this referral relates to:	<input type="checkbox"/> High level Poor practice	<input type="checkbox"/> Possible or actual risk of harm to children	<input type="checkbox"/> For information only	<input type="checkbox"/> Not sure
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Action taken <i>Please specify if you referred to a statutory agency, the County FA, the Club Designated Safeguarding Officer or any other action taken related to your concerns (including action taken by the Club).</i>	
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Other relevant information

Further information <i>Please include any information that you think is relevant to our investigation</i> <i>Can the FA contact the victim or their parent/s directly?</i>	
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For FA use only	
Date received by FA: _____	Case Accepted: Yes / No