



HIGHLY CONFIDENTIAL

**St PAUL'S BOXING ACADEMY CIO
SAFEGUARDING AND CHILD PROTECTION REFERRAL FORM**

1) Details of person making referral

Name of referrer	
Date	
Contact number	
Club	
Association	

2) Details of person receiving referral

Name of receiver	
Position	
Full organisation address	
Contact number	
Date of referral	
Time of referral	

Type of referral (circle as appropriate): [SEXUAL] [PHYSICAL] [NEGLECT] [OTHER]

3) Details of child or young person (under 18 years of age)

First name		Surname	
Date of birth		Age	Male / Female (circle)
First language		Ethnicity	
Current location of child and a contact number		Interpreter required? (Y/N)	
Name and address of parent/ guardian and a contact number			
School address and contact number			
GP name and address			

REASONS FOR REFERRAL continue on spare sheet if necessary

FULL NOTES OF DISCUSSIONS (FROM BOTH AGENCIES) continue on spare sheet if necessary

JOINTLY AGREED DECISIONS continue on spare sheet if necessary

REFERRER SIGNATURE:

DATE:

NOTE: If further discussions or strategy meetings are requested / called – refer the agency to the England Boxing National Compliance Manager at England Boxing Mob: 07590 600001

If a referral is made direct to an outside agency, a copy must be sent to the National Compliance Manager