



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