

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	

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		Interpreter required? (Y/N)
Current location of child			Contact number	
Name and address of parent/ guardian			Contact number	
School address			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 NAME (Please print): _____

SIGNATURE: _____ **DATE:** _____

NOTE:

- If further discussions or strategy meetings are requested or called – refer the agency directly to the Head of Compliance at England Boxing. *Details below*.*
- If a referral is made direct to an outside agency, a copy must be sent to the Head of Compliance at England Boxing.

*As at October 2022: Danny Williams – Head of Compliance
safeguarding@englandboxing.org

Reviewed: December 2022

Next review: December 2023