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| Date: |  |
| Section 1: Details of Child Concerned | |
| Name: | Date of Birth: |
| Parent/Carers: | |
| Address: | |
|  | Postcode: |
| Contact Number : | |
| Section 2: Details of Referrer | |
| Name: | Club: |
| Position in Club | |
| Address: | |
|  | Postcode: |
| Contact Number: | |
| Section 3: Details of individual against whom the allegation is made | |
| Name: | Club: |
| Position in Club: | |
| Address: | |
|  | Postcode: |
| Contact Number: | |

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| Section 4: Reason For Referral | | |
| Date of Incident: |  | |
| Location of Incident: |  | |
| Witness Incident: | YES | NO |
| If you did not witness the incident please provide details of who did: | | |
| Name: |  | |
| Contact Number: |  | |
| Position in Phoenix Tri-MK: |  | |
| Details of Concern; include as many details as possible including time and location of incident, any injuries sustained, treatment required etc. Continue on separate sheet if necessary: | | |
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| Child’s account of what happened; Include what the child actually said, or indicated. Continue on separate sheet if necessary: | | |
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| Section 5: Action taken by the club | | |
| Police Informed: | YES | NO |
| If yes, name of police contact: |  | |
| Contact Number/Email: | | |
| Children’s social care services informed: | YES | NO |
| If yes, name of Social Worker: |  | |
| Contact Number/Email: | | |
| Medical assistance required: | YES | NO |
| Details of required medical assistance: | | |
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| Parent/Carer informed: | YES | NO |
| Details of action taken, continue on separate sheet if necessary: | | |
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| Section 6: Action taken by relevant Home Nation or British Triathlon | | |
| Police Informed: | YES | NO |
| If yes, name of police contact: |  | |
| Contact Number/Email: | | |
| Children’s social care services informed: | YES | NO |
| If yes, name of Social Worker: |  | |
| Contact Number/Email: | | |
| Medical assistance required: | YES | NO |
| Details of required medical assistance: | | |
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| Parent/Carer informed: | YES | NO |
| Details of action taken, continue on separate sheet if necessary: | | |
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| Signed: |
| Date |