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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  |