

REFERRAL TO THE 'DESIGNATED PERSON'



The Designated Person will require:

1. The name, date of birth and the home address of the child/young person;
2. The name and address of the person with parental responsibility for the young person;
3. A clear statement of any injuries, and if medical attention is required;
4. Any explanation or comment the young person or their parent/carer may have made for marks, injuries, or behaviour;
5. A general 'picture' of the young person in respect of how they normally present themselves at training sessions or activities.

Bolton Sports Federation Ladies Rounders League Safeguarding Children Referral Sheet

Name of child/young person d.o.b.

Address
.....

Name and address of person with parental responsibility

Nature of concern/Details of the incident: date & time
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Urgent action taken (if any)
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Date referred to Designated Person

Name of Referrer

Referrer's relationship with parents (i.e. "Close", "Good", "Distant", "Poor".)

Name of Child/Young Person's General Practitioner

Has the Family been informed of the concerns:

Any other relevant information e.g. relations with any other team member, changes in Attitude, behaviour, performance.
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If any information is not available, or if you need help in completing this referral sheet, discuss the matter with the Designated Person.
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