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| SECTION 1 **• YOUR DETAILS**  |
| Your Club / Organisation’s Name:  | Area Association:  |
| First Name:  | Surname:  |
| Position in Club/Organisation:  |
| Home Address:  |
| Postcode:  | Email Address:  |
| Daytime Phone Number:  | Evening Phone Number:  |

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| SECTION 2 **• DETAILS OF THE ALLEGED VICTIM / YOUNG PERSON CONCERNED AND THEIR PARENT/GUARDIAN. (If more** **than one, please complete a new form)**  |
| Name of Alleged Victim/Young Person Concerned:  |
| Sex: Male Group 6, Grouped object Female Group 4, Grouped object | Age (at time of incident):  | Date of Birth:  |
| Role/Position (i.e. Referee, Young Player):  |
| Ethnic Background (if known):  |
| Does the Individual Have a Disability? If So, Please Give Details:  |
| Parent / Guardian’s Name:  |
| Home Address: Postcode:  |

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| SECTION 3 **• DETAILS OF THE ACCUSED / INDIVIDUAL WHOSE BEHAVIOUR YOU ARE CONCERNED ABOUT**  |
| First Name:  | Surname:  |
| Position in Sport (inc age group):  | Age:  |
| Date of Birth (if known):  | Gender:  |
| Home Address:  Postcode:  |
| Phone Number:  | Relationship to Alleged Victim:  |

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| SECTION 4 **• YOUR REFERRAL**  |
| Are you: Reporting your own concerns? Group 8, Grouped object Passing on the concern of somebody else? Group 10, Grouped object |
| If reporting on behalf of somebody else, please provide their name, position within the club and state their relationship to alleged victim and accused:  |

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| SECTION 4 **• YOUR REFERRAL**  |
| Please provide a brief description of the incident or concerns and what prompted this referral (please include times, dates, location and other relevant information, including whether you are recording fact, opinion or hearsay):  |
| What is the relationship between the accused and victim?:  |
| Please provide details of any witness(es) to the incident(s):  |

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| SECTION 5 **• ACTION TAKEN TO DATE**  |
| Have you spoken to the parents / guardian? Yes Group 14, Grouped object | No Group 16, Grouped object |   |
| If yes, please provide details of what was said and when:  |
| Have you spoken to the victim? Yes Group 18, Grouped object | No Group 20, Grouped object |   |
| If yes, please provide details of what was said and when:  |
| Have you spoken to the individual the allegations are being made against?  | Yes Group 22, Grouped object | No Group 24, Grouped object  |
| If yes, please provide details of what was said and when:  |
| Please detail any further action taken so far:  |

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| EXTERNAL AGENCIES CONTACTED  |
| **Organisation**  | **Yes /No**  | **Name & Number of Person Spoken To**  | **Date & Time**  | **Details of Advice Received**  |
|  Football Association of Wales  |   |   |   |   |
|  Police  |   |   |   |   |
|  Children’s / Social Services  |   |   |   |   |
|  Other (e.g. NSPCC)  |   |   |   |   |

Information contained on this form will form part of the FAW’s investigation to the alleged incident and assist the FAW to take whatever action that it deems appropriate. As the person completing this form, please be aware that you must notify each individual whose details you include on this form that this information may be shared with a number of organisations and individuals, such as relevant Club / League / Area or Governmental Authorities (however not if it may aﬀect the prevention or detection of a crime or the prosecution of an oﬀender) .

Your Signature: Date:

**IMPORTANT**

Please remember to maintain conﬁdentiality and only disclose information on a need to know basis; do not discuss with anyone other than those who need to know. Only share information if it will protect the child.

If your concerns relate to poor practice, please forward a copy of this form to your Area Safeguarding Oﬃcer (details in your handbook), even if the club has sought a resolution to the matter. If your concerns relate to suspected abuse, please forward a copy of this form directly to the Football Association of Wales, as soon as practically possible. Please mark “**Private & Conﬁdential**” and return to **FAW Safeguarding -** **safeguarding@faw.cymru**. Please also ensure you keep a copy for your reference as well as other notes taken.

If the incident / concerns refer to more than one child please complete a separate FAW Safeguarding Incident Referral Form, attach together, and submit with any other relevant information, stating the page number below.

Please mark:  Referral Form of  

Further guidance regarding procedures for Recording, Responding and Reporting safeguarding incidents or concerns can be found in the FAW Safeguarding Policy, Procedures and Practices document.

**For Area Association Use Only:**

**Date Received **

**Reference No. **