

## Safeguarding Referral Form

Information included in this form will form part of England Lacrosse's investigation into the alleged incident. As the person completing the form, please tell anybody whose details you include on this form that their information may be shared with several organisations and individuals relevant to the investigation.

Your club/organisations name:

Your details	
First name:	Surname:
Position in club/organisation:	
Home address:	
POST CODE:	
Daytime contact No.	Evening contact No.
Email address:	<u> </u>

Concern: Please give a brief description of the concern (include dates, times, venue etc.)
Have you spoken to the young person(s)? Please provide details



What is the relationship between the young person and the accused?			
Have you spoken to the pare	ent/carer of the	young person i	involved?
Action taken so far:			
Details of young person	Summer Constant		Canadam
First name:	Surname:		Gender:
Parent/legal guardian name:		Parent/legal	guardian contact number:



Home addres	is:			
POST CODE:				
First name:		Surname:	Position in sport (e.g. coach, official)	
Home address:				
POST CODE:				
Date of	Contact	Email address:		
Birth:	Number:			

External agencies contacted so far					
Organisation	Y/N	If yes, which?	Name and Number	Date and Time	Details of advice received
England Lacrosse					
Police					
Children's Social					
Care					
Other (e.g. NSPCC)					

Signed:	Print Name:	
Date:		

Remember to maintain confidentiality on a need-to-know basis. Only disclose information if it will protect the child. Do not discuss this incident with anybody other than those who need to know.

Please mark your envelope or email CONFIDENTIAL and return this form via post to England Lacrosse Lead Safeguarding Consultant, England Lacrosse, Rowsley St, Manchester, M11 3FF or by email to safeguarding@englandlacrosse.co.uk.