



CHILD PROTECTION REFERRAL & INFORMATION FORM

Additional Informational Regarding Other Alleged Victims Or Young Persons Concerned

Case Name: _____
Date: _____ Completed By: _____

Name of Alleged Victim/Young Person Concerned: _____ (If more than one, use Additional Information Form)	
Age (At time of incident) _____	Date Of Birth _____
Role/Position: _____	Disabilities: _____
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Ethnic Background: _____
Contact (Name and address of parent/carer) _____	Tel Number _____
Associated Club (Name and address) _____	
Name Of Person Who Originated concern and contact details: _____ (If applicable/known)	
Relationship to alleged victim: _____	Relationship to accused: _____

Name of Alleged Victim/Young Person Concerned: _____ (If more than one, use Additional Information Form)	
Age (At time of incident) _____	Date Of Birth _____
Role/Position: _____	Disabilities: _____
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Ethnic Background: _____
Contact (Name and address of parent/carer) _____	Tel Number _____
Associated Club (Name and address) _____	
Name Of Person Who Originated concern and contact details: _____ (If applicable/known)	
Relationship to alleged victim: _____	Relationship to accused: _____

Attachment included: Yes

NO

For Completion By The Child Protection Case Administrator

Case Name: _____

Initial Action Recommended or Taken:

Timeframes Agreed/Proposed: _____

Additional Comments:

Prime Concern:

Sexual	Physical	Emotional	Neglect	Bullying
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed: _____ Date: _____

Print Name: _____