

Referral Form

NAME OF PERSON ABOUT WHOM COMPLAINT ALLEGATION MADE: _____

Male/Female	
Club	
Club Address - (N.B - this may be the Honorary Secretary's home address)	

ASA Referral Form

NAME OF REFERRER: _____

Male/Female	
Club	
Position in club	
Home Address	
Postcode	
Telephone Number	
Mobile Number	
Email Address	

NAME OF CHILD/CHILDREN CONCERNED: _____
USE SEPARATE SHEET FOR EACH CHILD

Male/Female	
Any disability/Specific needs	
Ethnic origin	
Club	
Position in club	
Age/DOB	
Home Address	
Postcode	
Telephone Number	
Parent/Guardian	
Address & phone number if different from above	

NAME OF PERSON COMPLAINED OF: _____

Male/Female	
Club	
Club Address	
(N.B - this may be the Honorary Secretary's home address)	
Position in club	
Age/DOB	
Ethnic origin	
Home Address	
Postcode	
Telephone Number	
Mobile Number	
Email Address	

CATEGORY OF REFERRAL*:
 PHYSICAL
 SEXUAL
 VERBAL
 NEGLECT
 BULLYING
 OTHER

DATE OF INCIDENT REFERRED:

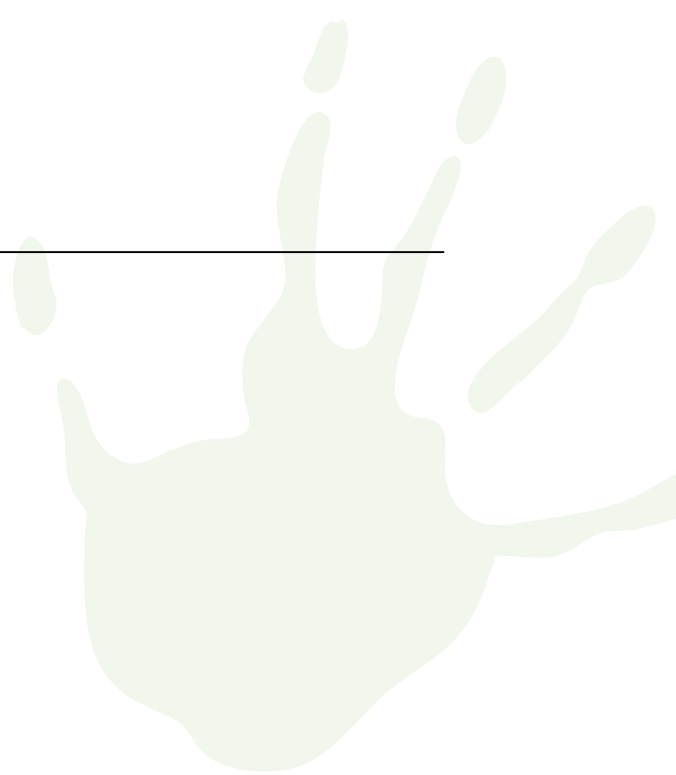
ACTION TAKEN BY THE REFERRER _____

POLICE INFORMED *YES / NO

SSD INFORMED *YES / NO

PARENTS/CARERS INFORMED *YES / NO/ Aware

**Delete as appropriate.*



DETAILS OF COMPLAINT MADE:

DETAILS OF ACTION TAKEN:

HAVE YOU CONTACTED SWIMLINE BEFORE:
If "YES" please give brief details with dates

*YES / NO

OTHER RELEVANT INFORMATION:

ACTION RECOMMENDED/TAKEN:

SIGNED: _____

DATE: _____