



THE FOOTBALL ASSOCIATION OF WALES
SG1 Safeguarding Incident Referral Form
RELATING TO CHILD PROTECTION OR POOR PRACTICE

FOR REFERRER / CLUB SAFEGUARDING OFFICER

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:

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 <input type="checkbox"/>	Female <input type="checkbox"/>	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:

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:

SECTION 4 • YOUR REFERRAL

Are you: Reporting your own concerns? <input type="checkbox"/>	Passing on the concern of somebody else? <input type="checkbox"/>
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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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 Officer, The Football Association of Wales, 11/12 Neptune Court, Vanguard Way, Cardiff, CF24 5PJ**. 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.