Greatham Youth Football Club
Referral Form

Child Welfare Incident Report Form			
Date of Incident		Team	

Referrer's details (Please enter your details)			
Name of referrer		Relationship to participant	
Address		Role	
		Contact Number	
		Email	
		FAN Number	
		Any additional information	
Postcode			
Gender			

Referrer's details (Please enter your details)			
Name of referrer		Relationship to participant	
Address		Role	
		Contact Number	
		Email	
		FAN Number	
		Any additional information	
Postcode			
Gender			

Do you think this referral relates to?

Sexual abuse ☐ Emotional abuse ☐ Physical abuse ☐ Neglect ☐ Bullying ☐ High level poor practice ☐

Possible or actual risk of harm to children ☐ For information only ☐ Not sure ☐

Details of incident and reasons of referral

I hereby declare that the information supplied to be a true account of the incident witnessed	
Signature	
Date	

www.greathamfootballclub.com
@greathamfootballclub
Brierton Sports Centre
Hartlepool
TS25 4BY