**Young person safeguarding referral**

**Please complete as much of this form as possible, including essential information, before contacting the Safeguarding team.**

If you don’t have all the information, please do send this form and then follow up with additional information as soon as you get it.

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| **Referral to the Safeguarding team** If you wish to discuss your referral with a member of the team or for advice or guidance, please contact the Safeguarding Team on:* 020 8433 7164 (9:00am to 5:00pm)
* 0345 300 1818 (out of hours – for emergencies only)
* **safeguarding@scouts.org.uk**
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Once the referral has been completed, please email it to **safeguarding@scouts.org.uk**

or send to: **The Scouts’ Safeguarding Team**

 Gilwell Park

 Chingford

 London

 E4 7QW

**Your details**

|  |  |
| --- | --- |
| Your name |  |
| Your role in Scouts/relationship to the child |  |
| Your telephone number |  |
| Your email |  |
| Date the incident happened |  |
| Date you were notified of this incident |  |

**Information about person being referred – young person**

**Please note:** when sending this form, please include all essential information marked in red

|  |  |
| --- | --- |
| **Their name** |  |
| **Their date of birth** |  |
| Their ethnicity |  |
| Do they have any Special Educational Needs or disabilities? |  |
| **Their home address** |  |
| Their Group/District/Area/County/Scottish Region |  |
| Which school do they attend? |  |
| **Parent/carer’s full names** **Telephone number:** |  |
| Are their parents involved in Scouts? If so, please provide their role details |  |
| **Are their parents aware that this has been reported to the Safeguarding team?** |  |

**Information about person being referred – adult**

|  |  |
| --- | --- |
| Their membership number (if known) |  |
| Their name |  |
| Their role in Scouts |  |
| Their Group/District/Area/County/Scottish Region  |  |
| Their occupation  |  |
| Do they hold any other voluntary/paid positions with other organisations? |  |
| Do they have any other family members involved in Scouts? |  |
| When do you expect the adult to next attend or be involved in any Scout activity? |  |
| Do they have any children? |  |

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| --- |
| **Details of the incident and/or concern** |
| **What has happened so far, if anything?** |
| **Have there been previous concerns about the person being referred?** |
| **Any other information** |

**Thank you for taking the time to complete and return this form.**