**SAFEGUARDING REFERRAL**

**PLEASE COMPLETE AS MUCH OF THIS FORM AS POSSIBLE INCLUDING ESSENTIAL INFORMATION BEFORE CONTACTING THE SAFEGUARDING TEAM.**

If you do not 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**

NB: a secure password should be added to the document before it is emailed, and the password shared separately by phone on 020 8433 7164 9:00am to 5:00pm (unless urgent) in which case use the emergency number above.

or send to: **The Safeguarding Team - The Scout Association**

 Gilwell Park.

 Chingford

 London

 E4 7QW

**YOUR DETAILS**

|  |  |
| --- | --- |
| Your name |  |
| Your role in Scouting/relationship to the child |  |
| Your telephone number |  |
| Your email |  |

|  |  |
| --- | --- |
| Date the incident happened |  |
| Date you were notified of this incident |  |
| How did you become aware of the concern? |  |

**INFORMATION ABOUT PERSON BEING REFERRED - YOUNG PERSON**

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

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| Their ethnicity |  |
| Do they have any Special Educational Needs or disabilities? |  |
| **Home address** |  |
| Group / District / County/Area/Region |  |
| When are they next involved in Scouts? |  |
| Which school do they attend? |  |
| **Parent/Carer’s full names** **Telephone number:** |  |
| Are their parents/carers involved in Scouting? If so please provide their role details |  |
| **Are their parents/carers aware that this has been reported to the Safeguarding Team?** |  |

**INFORMATION ABOUT PERSON BEING REFERRED - ADULT**

|  |  |
| --- | --- |
| Membership number (*if known*) |  |
| Name |  |
| Role in Scouting |  |
| Group / District / County/Area/Region  |  |
| When are they next involved in Scouts? |  |
| Occupation  |  |
| Do they hold any other voluntary / paid positions with other organisations? |  |
| Do they have any other family members involved in Scouting/people who share the same household involved in Scouts? |  |
| When do you expect the adult to next attend or be involved in any Scout activity? |  |
| Do they have any children/children in their household? |  |
| If yes, are any of their children/children in their household involved in Scouts? |  |

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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**

**GDPR Statement**

This form is used to collect information about you, other adult(s), and/or a young person / young people for the purpose of a safeguarding referral, this is to be used by us at the Safe Scouting Department.

As part of this form we collect personal data and (special category and criminal), this detail is required so that we can capture information required for safeguarding purposes, and so we can offer additional support if required and/or ensure young people are safe. It may be shared with appropriate third parties including statutory agencies for this purpose.

We take personal data privacy seriously and we have a duty of care around the information contained within this form. The data shared in this form is to be securely stored (in secure online storage and/or as paper based records in locked cabinets). Where the data is no longer required it should be securely destroyed. For further detail please visit our Data Protection Policy here. <https://scouts.org.uk/media/927472/SCOUTS-data-protection.pdf>