**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**

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 |  |

**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 / County |  |
| Which school do they attend? |  |
| **Parent / Carer’s full names** **Telephone number:** |  |
| Are their parents involved in Scouting? 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 Scouting |  |
| Their Group / District / County  |  |
| Their occupation  |  |
| Do they hold any other voluntary / paid positions with other organisations? |  |
| Do they have any other family members involved in Scouting? |  |
| 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**