

## Referral Form

NAME OF PERSON ABOUT WHOM COMPLAINT ALLEGATION MADE: \_\_\_\_\_

Male/Female	
Club	
Club Address - (N.B - this may be the Honorary Secretary's home address)	

## ASA Referral Form

NAME OF REFERRER: \_\_\_\_\_

Male/Female	
Club	
Position in club	
Home Address	
Postcode	
Telephone Number	
Mobile Number	
Email Address	

NAME OF CHILD/CHILDREN CONCERNED: \_\_\_\_\_

USE SEPARATE SHEET FOR EACH CHILD

Male/Female	
Any disability/Specific needs	
Ethnic origin	
Club	
Position in club	
Age/DOB	
Home Address	
Postcode	
Telephone Number	
Parent/Guardian	
Address & phone number if different from above	

NAME OF PERSON COMPLAINED OF: \_\_\_\_\_

Male/Female	
Club	
Club Address	
(N.B - this may be the Honorary Secretary's home address)	
Position in club	
Age/DOB	
Ethnic origin	
Home Address	
Postcode	
Telephone Number	
Mobile Number	
Email Address	

CATEGORY OF REFERRAL\*:  
 PHYSICAL  
 SEXUAL  
 VERBAL  
 NEGLECT  
 BULLYING  
 OTHER

DATE OF INCIDENT REFERRED:

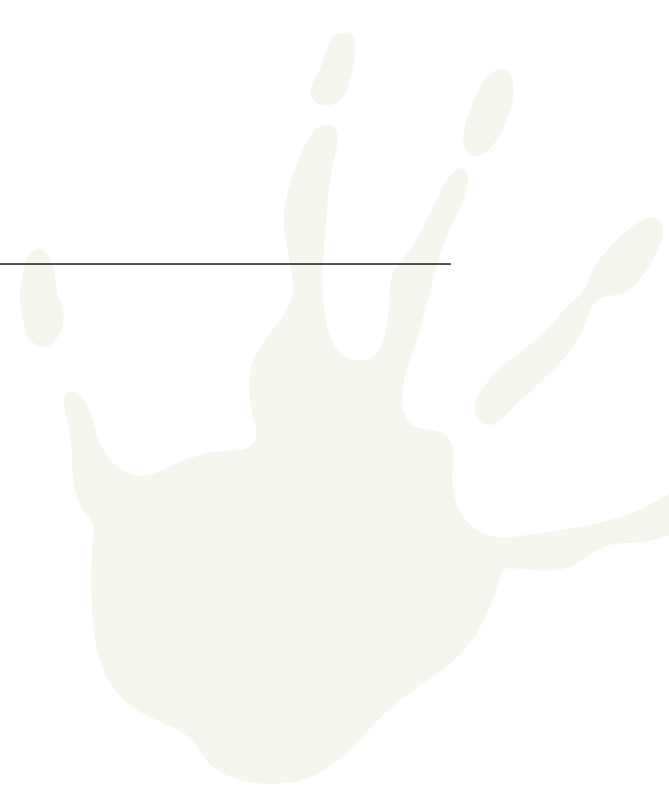
ACTION TAKEN BY THE REFERRER \_\_\_\_\_

POLICE INFORMED \*YES / NO

SSD INFORMED \*YES / NO

PARENTS/CARERS INFORMED \*YES / NO/ Aware

*\*Delete as appropriate.*



DETAILS OF COMPLAINT MADE:


DETAILS OF ACTION TAKEN:


HAVE YOU CONTACTED SWIMLINE BEFORE:  
If "YES" please give brief details with dates

\*YES / NO


OTHER RELEVANT INFORMATION:


ACTION RECOMMENDED/TAKEN:


SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_