



The ASA Referral Form

Date:

Name of Organisation: Leyland Barracudas

Section 1 – Details of referrer (your details)

Name:

Position in Organisation:

Address:

Phone number(s): E-mail:

Section 2 – Details of child concerned

Name: Age:

Gender: Date of Birth:

Ethnic Origin:

Disability/Special Needs: Yes/No

If yes, give detail:

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Parents/Carers:

Address:

Phone Number(s): E-mail:

Section 3 – Details of adult/child against whom the allegation is made

Name:

Position in the organisation:

Address:

Phone Number(s): E-mail:

Section 4 – The incident/concern

Date of incident:

Place of incident:

Did you observe the incident/concern: Yes/No

If no, give details of the person who did

Name:

Position in Organisation:



Contact Details:

Details of concern (include as many details as possible including time it happened, place, if any injuries were sustained, treatment required). Continue on separate sheet if necessary.

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Child's account of what happened (please state what the child actually said or indicate if not their exact words). Continue on separate sheet if necessary.

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For ASA Office use only

Category of referral: (delete as appropriate)

Sexual Bullying Physical Other

Section 5 – Action taken by the organisation

Police informed: Yes/No

If yes, give name of the police officer dealing:

Phone: e-mail contact details:

Children's Services informed: Yes/No

If yes name of social worker dealing:

Phone/e-mail contact details:

Medical assistance required: Yes/No

If yes, give details:

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Parents informed Yes/No

Details of action taken (or attach report sheet separately).

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Signed: Date: