



## Referral to the Designated Person Form

### Referral Guidelines

#### The Designated Person will require:

1. The name, date of birth and the home address of the child/young person;
2. The name and address of the person with parental responsibility for the young person;
3. A clear statement of any injuries, and if medical attention is required;
4. Any explanation or comment the young person or their parent/carer may have made for marks, injuries, or behaviour;
5. A general 'picture' of the young person in respect of how they normally present themselves at training sessions or activities

### Referral Information

Name of Person: \_\_\_\_\_ Address: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_  
Date Of Referral: \_\_\_\_\_ Post Code \_\_\_\_\_

### Parental Responsibility Information

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Email: \_\_\_\_\_

### Referrers Information

Name: \_\_\_\_\_  
Relationship with  
parents (i.e Good  
Bad, Distant) \_\_\_\_\_

**Nature of concern/Details of the incident:**

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**Any Urgent Action Taken:**

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**Any other relevant information**

**e.g. relations with any other team member, changes in Attitude, behaviour, performance and has the family been informed**

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If any information is not available, or if you need help in completing this referral sheet, discuss the matter with the Designated Person (Arron Lever).