

COMPLIANCE REFERRAL FORM

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| Date of referral |  | Crib Notes |
| Date of incident |  | If your concern relates to a number of incidents, or concerns which have come to light over a period of time, then please specify. Continue on a separate sheet if necessary. |
| Referrer details |  | Name/Club/Role of person submitting this form. Please do not assume we know who you are.Please also include your contact details, email, and telephone |
| Who is this report about? |  | Please also specify their role at the club (player/lead coach/ treasurer, etc.) If your concern relates to more than one person, please be specific about who they are and whether they have specific needs such as any disabilities, special educational needs or other vulnerabilities.Continue on a separate sheet if necessary. |

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| Details of your concerns |  | When a concern is raised, you should not immediately embark upon an internal investigation. EB may ask you to do this at a later stage, but for the moment do nothing.This means that in the initial stages, there is no need to gather statements or interview anyone. However, you will need to establish and gather sufficient information to enable us to understand the nature of your concern. As a rule of thumb, you should be able to tell us the following information:1. What has happened
2. Where did it happen
3. When did it happen
4. Who is involved, and who did what
5. Why did it happen

Try to report in chronological order.If your information has come to you from several individuals, please be clear about who said what.Please also detail any previous concerns about the person you are referring to. |

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| Has the club taken any action to manage this incident? |  | Include things such as: Did you call Police or Social Services? Who have you have spoken to about this matter; whether you have suspended an adult in relation to the concerns; anything else you think might be relevant. |
| Are there any witnesses who could give any information about your concerns? |  | Please give details of anyone who might have witnessed anything relevant.Include their name, England Boxing ID, contact details and information about who they are. |
| Are you aware of any other evidence which supports your concerns? |  | This might include photographs or video footage. Or you may be aware that an injured person has seen a doctor or been to hospital to seek medical help.You can use this box to tell us about any other information which you think might be relevant. |

Please send this form to safeguarding@englandboxing.org and inform your Club Welfare Officer of this referral. If you wish to discuss the referral in advance of submitting it, please speak to your Club Welfare Officer or call the EB Compliance and Safeguarding Team on 0114 2235698.

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