



## DELL QUAY SAILING CLUB

Dell Quay, Chichester, West Sussex, PO20 7EE. Tel: 01243 785080

27 July 2017

DQSC Reference: DQSC/OM/09/09

### **SAFEGUARDING AND CHILD PROTECTION REFERRAL FORM**

**To be completed by the activity organiser/lead and passed to the club Child Welfare Co-ordinator within 24 hours.**

<b>Date and Time of the Incident</b>	DD/MM/YYYY	HH:MM
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Name and position of person about whom report, complaint or allegation is made:

<b>Name</b>	<b>Position</b>

Name and age of child involved:

<b>Name</b>	<b>Age</b>

Nature of incident, complaint or allegation  
(continue on separate page if necessary)

Action taken  
(continue on separate page if necessary)



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If Police or Children's Social Care Services contacted, name, position and telephone number of person handling case

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name, organisation and position of person completing form

Name	Organisation	Position
Contact telephone number	_____	
Signature of person completing form		

**Date and Time Form Completed**

DD/MM/YYYY

HH:MM

Name and position of organisation's child protection/welfare officer or person in charge (if different from above):

Contact telephone number: \_\_\_\_\_

The Child Welfare Co-ordinator will copy this form, mark 'Private and Confidential', and send to the RYA Child Welfare Co-ordinator, Jackie Reid, RYA House, Ensign Way, Hamble, Southampton, SO31 4YA and to the statutory authorities (if they have been informed of the incident) within 48 hours of the incident.