



WALES SQUASH & RACKETBALL INCIDENT REPORT FROM

Name of person making referral:	
Status of person:	Date of referral:
Contact details of person making referral:	
Brief outline of reason for referral, giving date and time of incident:	

Section A: Please complete if referral is specifically related to a child/children

First Childs Name:	Second Childs Name:
Date of Birth:	Date of Birth:
First Childs Address:	Second Childs Address:
Parent / Carers Name and Address for First Child:	Parent / Carers Name & Address for Second Child:
Record exactly what child / person referring said. Continue on a separate sheet if necessary.	

Actions taken:

Section B: Please complete if referral is specifically related to a parent / staff member / volunteer in Squash

Persons Name	Age
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Address

Parents address if above named person is under 18.

Club / County / National details:

Record nature of referral. Continue on separate sheet if necessary.

This form should be returned direct to:- The Safeguarding & Protecting Children Officer, Wales Squash & Racketball, Sports Wales National Centre, Sophia Gardens, Cardiff, CF11 9SW.

connect to Wales Squash and Racketball

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