



Manchester Magic & Mystics Basketball Club

Safeguarding Referral Form

Details Of Reporter of Incident

Name:	
Club & Position:	
Contact telephone number(s):	

Details of Child

Name:	
Basketball Club:	
Address:	
Parents Address (if different):	
Date of birth:	
Ethnicity & Disability (if known):	

Date and time of incident

Your observations:	
Exactly what the child said:	
Action taken so far and what you have done to reduce the risk or reoccurrence:	
Name and contact details of any witness(es):	

Have you?

- Reassured the young person
- Been honest and not made promises you cannot keep
- Explained why you may have to tell other people in order to stop what's happening
- Avoided closed questions and asked as few a question's as possible
- Encouraged the child to use their own words

PLEASE NOTIFY AND SEND THIS REFERRAL AS SOON AS POSSIBLE TO THE CLUB SAFEGUARDING OFFICER

safeguarding@manchestermagicandmystics.co.uk

YOU WILL BE ADVISED OF ANY FURTHER ACTIONS NEEDED FOLLOWING THIS BEING LOOKED INTO