

## ASA Referral Form

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Date:

Name of Organisation:

### Section 1 – Details of Referrer (your details)

Name: .....

Position in Organisation: .....

Address: .....

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Phone number(s): .....

E-mail: .....

### Section 2 – Details of child concerned

Name: ..... Age: .....

Gender: ..... Date of Birth: .....

Ethnic Origin: .....

Disability/Special Needs: Yes/No .....

If yes, give detail: .....

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Parents/Carers: .....

Address: .....

.....

Phone Number(s): .....

E-mail: .....

### Section 3 – Details of adult/child against whom the allegation is made

Name: .....

Position in the organisation: .....

Address: .....

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Phone Number(s): .....

E-mail: .....

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### Section 4 – The incident/concern

Date of incident: .....

Place of incident: .....

Did you observe the incident/concern: Yes/No

If no, give details of the person who did

Name: .....

Position in Organisation: .....

Contact Details: .....

Details of concern (include as may details as possible including time it happened, place, if any injuries were sustained, treatment required). Continue on separate sheet if necessary.

Child's account of what happened (please state what the child actually said or indicate if not their exact words). Continue on separate sheet if necessary.

### For ASA Office use only

Category of referral: (delete as appropriate)

Sexual                      Bullying                      Physical                      Other

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### Section 5 – Action taken by the organisation

Police informed: Yes/No

If yes, give name of the police officer dealing: .....

Phone/e-mail contact details: .....

Children’s Services informed: Yes/No

If yes name of social worker dealing: .....

Phone/e-mail contact details: .....

Medical assistance required: Yes/No

If yes, give details: .....

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Parents informed Yes/No

Details of action taken (or attach report sheet separately).

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Signed: .....

Date: .....