# Manchester United Safeguarding Referral Form

You must type the referral or write in BLACK INK.

Email this form to [safeguarding@manutd.co.uk](mailto:safeguarding@manutd.co.uk) within 24 hours of the incident.

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| Section 1: Key Information | |
| **Reason for Referral:**  ***If ‘other’ please specify:*** | Choose reason for referral |
| **Date:** | Click here to enter a date. |
| **Time of Incident:** |  |
| **Location including post code:** |  |

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| Section 2: Referrers Details | |
| **Full Name:** |  |
| **Job Title:** |  |
| **Department:** | Choose an item. |
| **Telephone:** |  |
| **Email:** |  |

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| Section 3: Details of Child or Adult at Risk being referred | |
| **Full Name:** |  |
| **Gender:** | Choose an item. |
| **Date of Birth:** | Click here to enter a date. |
| **Address:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Language:** |  |
| **Ethnicity:** | Choose an item. |
| **Religion:** | Choose an item. |
| **Do you consider the child or adult to have a disability, as defined by the Equality Act 2010?** | Choose an item. |
| **Does the child/adult have an identified Special Educational Need?** | Choose an item. |
| ***If yes, which are the main areas of need?*** | Choose an item. |

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| Section 4: Referral Information | |
| * *Your record is clear, concise and highlights key information* * *Include your observations - do not make judgements and assumptions* * *State the difference between fact, opinion and hearsay* * *Use clear, understandable language - do not use abbreviations, slang or professional jargon* * *Use short, succinct sentences or bullet points* | |
| **Details of the incident:** | |
| **Observations, Background Information or Additional Comments:** | |
| **Actions taken so far and the reason why *(if applicable)*:** | |
| **Details of all staff on duty:** | **Job Title:** |
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| **Details of all witnesses *(if applicabl*e):** | **Job Title or role/relationship:** |
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| Section 5: Parents/Carers Details *(if applicable)* | |
| **Full Name:** |  |
| **Relationship to Child/Adult at Risk:** |  |
| **Address *(if different to address provided above):*** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Parent/Carer’s first language *(if applicable):*** |  |
| **Parental Responsibility for child referrals:** | Choose an item. |

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| Section 6: Services working with this child/adult (and/or family) *Please list below any agencies working with this family (eg GP, Health Visitor, School)* | |
| **Name, Job Role and Organisations:** | **Contact Details:** |
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| Section 7: Supporting Documents |
| **Are you providing any documents or separate information to support this referral? If yes, please provide details:** |

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| Section 8: Consent | |
| **7a. Is the child/adult aware of this referral?** | Choose an item. |
| **7b. Is the parent/carer aware of this referral?** | Choose an item. |
| **If you answer no, to question 7a and/or 7b, explain why?** |  |
| **Comments of parent/carer and/or child/adult at risk (if applicable):** | |

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| Section 9: Confirmation | |
| **Signature of Referrer:** |  |
| **Date of signature:** |  |

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