## Appendix 5: Manchester United Safeguarding Referral Form

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| **Date and Time of Incident:** | | **Click here to enter a date.** |
| **Location:** | |  |
| **Reason for Referral:** | | **Please select a referral reason** |
| ***If ‘other’ please specify:*** | | |
| **Section 1: Referrer’s Details** | | |
| **Name & Position:** | |  |
| **Department:** | |  |
| **Telephone:** | | **Email:** |
| **Section 2: Child / Adult’s Details** | | |
| **Name:** | |  |
| **Gender:** | | Choose an item. |
| **Date of Birth:** | | Click here to enter a date. |
| **Address:** | |  |
| **Telephone:** | |  |
| **Language:** | |  |
| **Ethnicity:** | | Choose an item. |
| **Religion:** | | Choose an item. |
| **Parent/Carer’s first language:** | |  |
| **Does the child have an identified Special Educational Need?** | | Choose an item. |
| ***If yes, which are the main areas of need?*** | | Choose an item. |
| **Do you consider the child or adult to have a disability, as defined by the Equality Act 2010?** | | Choose an item. |
| **Details of all staff on duty** | | **Job Title** |
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| **Details of all witnesses (if applicable)** | | **Job Title or role/relationship/other** |
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| **Section 3: Reason For Referral** | | |
| **Details:** | | |
| **Observations, Background Information or Additional Comments** | | |
| **Action(s) taken so far (if applicable)** | | |
| **Section 4: Details of parents/carers and family (if applicable)** | | |
| **Name:** | | **Relationship:** |
| **Address (if different)** | | |
| **Telephone:** | | **Parental Responsibility:** Choose an item. |
| **Section 5: Services working with this child/adult (and/or family)**  Please list below any agencies working with this family (eg GP, Health Visitor, School) | | |
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|  | |  |
| **Section 6: Supporting Documents** | | |
| Are you providing any documents or separate information to support this referral?  If yes, please provide details. | | |
| **Section 7: Consent** | | |
| Is the parent/carer aware of this referral? | | Choose an item. |
| Is the child/adult aware of this referral? | | Choose an item. |
| Comments of parent/carer and or child/young person (if applicable) | | |
| **Signed** | **Print name** | |
| **Job Title** | **Date** | |

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