

Rugby League Incident Referral Form

If a child is in immediate danger or needs urgent medical treatment phone 999

Rugby League Club:.....
Your name:.....
Your position:
Child's name:
Child's address:
.....
Child's date of birth:.....
Child's disability (if any):
Child's ethnic origin:

- White** British Irish
Mixed White & Black Caribbean White & Black African White & Asian
Asian or Asian British Indian Pakistani Bangladeshi
Black or Black British Caribbean
Chinese
Other

Parents names and address:.....
.....

Date and time of any incident:
.....

Your observations:
.....
.....
.....

Exactly what the child said and what you said (Remember, do not lead the child - record actual details. Continue on separate sheet if necessary):.....
.....
.....
.....
.....

Action taken so far:
.....
.....
.....
.....



External agencies contacted (date & time):

Police: YES / NO

If YES - which:

Name and contact number:

Details of advice received:.....

.....

Social Services: YES / NO

If YES - which:

Name and contact number:

Details of advice received:.....

.....

RFL: YES / NO

If YES - Name and contact number:

Details of advice received:.....

.....

Local Authority: YES / NO

If YES - which:

Name and contact number:

Details of advice received:.....

.....

Other: (e.g. NSPCC)

Which:.....

Name and contact number:

Details of advice received:.....

.....

Signature:

Print name:

Date:

Remember to maintain confidentiality on a need to know basis only if it will protect the child. Do not discuss this incident with anyone other than those who need to know.

N.B. A copy of this form should be sent to the Rugby League Child Protection Officer, RFL, Red Hall, Red Hall Lane, Leeds LS17 8NB

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