



Wales Rugby League Incident Referral Form

IF A CHILD IS IN IMMEDIATE DANGER OR NEEDS URGENT MEDICAL TREATMENT PHONE 999

Rugby League Club/School:.....

Your name:.....

Your Role/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 – 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:.....

.....
.....

WRL/RFL: YES/NO

If YES – which:

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:

Stephen Jones, C/o 51 Montgomery Road, Wrexham, LL13 8SP

E:stephen.jones@walesrugbyleague.co.uk

**REMEMBER IF A CHILD IS IN IMMEDIATE DANGER OR NEEDS URGENT
MEDICAL TREATMENT PHONE 999**