



Wales Rugby League Young Persons Reporting Form

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

Rugby League Club/School:.....

Your name:.....

Age if under 18yrs:.....

Name of person you have concern about:.....

Their address if Known:.....

Their date of birth if Known:.....

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:.....

.....

What is your concern:.....

.....

.....

.....



Have they told you anything:

.....
.....
.....

Who have you spoken to about your concern:.....

.....
.....

Have you contacted contacted (date & time):

Police: YES/NO **Ambulance:** 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 your Club Welfare Officer or Chairperson

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MEDICAL TREATMENT PHONE 999**