



## 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](mailto:stephen.jones@walesrugbyleague.co.uk)

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MEDICAL TREATMENT PHONE 999**