**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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