





RFU/RFUW INCIDENT RECORD FORM				
Your name	Your position			
Child's name	D.O.B	Male or Female		
Child's address	Parent's/carer's names and address _			
	_			
	_			
Disability (if applicable)				
Time and date of any incident				
Your observations				
State exactly what the child said and what you said. Remember do not lead the child – record actual details.				

Action taken so fa	ar		
Name of alleged	offender		Name of alleged offender's position in sport
Relationship betw	veen the alleged offender	and child	
Ethnic origin			Marital status
Address			Age
External agencie	es contacted (date and t	ime)	
Police	yes / no	If yes - which	
		Name and contact number	
		Details of advice given	
Social Services yes / no	If yes - which		
		•	
18	/	Details of advice given	

External agencies con	tinued	
RFU		Name and contact number
		Details of advice given
Local Authority	yes / no	If yes - which  Name and contact number
		Details of advice given
Other (e.g. NSPCC)	yes / no	If yes - which  Name and contact number
		Details of advice given
Signature		Print name
Date		

The information which you provide on this form will be transferred to the CB Welfare Manager and the RFU's Child Protection Department either of whom may if necessary, provide the information to the relevant police force, social services department or other bodies concerned with the protection of children.

**N.B.** A copy of this form should be sent to social services or police after the telephone report. This form must be completed as soon as possible and certainly when the event or incident is fresh in the memory. Any delays in completing and forwarding this form may seriously jeopardise the safety, protection and welfare of the child/young person.

Remember to maintain confidentially 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.