



HKRUCF

香港欖球總會社區基金
HKRU COMMUNITY FOUNDATION

Child Protection Referral Form

This form must be filled in as soon as possible after receiving information regarding and incident that may affect the welfare or protection of a child. The form must be sent to the Hong Kong Rugby Union as soon as possible after the incident has occurred, even if you are not able to obtain all of the information listed.

Complete part A of this form if the incident relates to the general welfare of a child.

Complete parts A and B if the incident involved potential child abuse.

Part A:

1. CHILD'S DETAILS

Child's Name: _____

Date of Birth: _____

Address: _____

Telephone Contact: _____

Child's Preferred Language: _____

Is the child taking any medication that you know about? Yes/No

If yes, please give details of medication:



HKRUCF

香港欖球總會社區基金
HKRU COMMUNITY FOUNDATION

2. DETAILS OF PERSON RECORDING CONCERNS

Name: _____

Position/Role: _____

Address: _____

Telephone Contact: _____

3. DETAILS OF INCIDENT THAT BRINGS ABOUT CONCERN

(If possible, please include date, time, location and nature of the incident)

4. DETAILS OF ANY WITNESSES

(If possible, please include names and contact details)

5. DETAILS OF INJURIES SUSTAINED (IF ANY)

(If possible, please include the type of injury, location on the person and action taken)



HKRUCF

香港欖球總會社區基金
HKRU COMMUNITY FOUNDATION

PART B (where there are concerns about possible child abuse)

6. DETAILS OF PERSON ABOUT WHOM THERE IS CONCERN

Name: _____

Relationship to Child: _____

Address: _____

Telephone Contact: _____

7. DETAILS OF CONCERNS

8. DETAILS OF ACTION TAKEN (IF ANY)

9. DETAILS OF AGENCIES CONTACTED

(If possible, record date, time, name of person/agency contacted and advice received)



HKRUCF

香港欖球總會社區基金
HKRU COMMUNITY FOUNDATION

10. Have the child's parents been informed? YES/NO

If yes, please record details:

11. Child's views on/reactions to the situation (if any)

Signed: _____

Date: _____

Name: _____

Position: _____