



MATCH OFFICIALS ASSOCIATION

## Referee's Send-off Report

Match: \_\_\_\_\_ vs. \_\_\_\_\_

Division: \_\_\_\_\_ Venue: \_\_\_\_\_ Date: \_\_\_\_\_

Time:  1stHalf  2nd Half Time Elapsed: 5 10 15 20 25 30 35 40

Score At Time of Incident: \_\_\_\_\_ Final Score: \_\_\_\_\_

Incident Occurred At:	Scrum <input type="checkbox"/>	Line-Out <input type="checkbox"/>	Tackle <input type="checkbox"/>
	Ruck <input type="checkbox"/>	Maul <input type="checkbox"/>	General Play <input type="checkbox"/>

Position of the incident on the field:

Referee's position relative to the incident:

Referee's view of the incident:

Position of the ball in relation to the incident:

The incident was: Minor  Severe   
Dangerous  Violent

Were other players sin-binned or sent off in relation to the incident? Yes  No

Cautions:	Had a previous caution been issued?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, was it	Individual <input type="checkbox"/>	Team <input type="checkbox"/>
	Had the player sent off been warned earlier?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Had the player sent off been sin-binned earlier?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Did you observe anything which may have provoked the incident?**

**Player's reaction to the sending off:**

**Did any incidents occur after the sending off which related to the incident?**

**Details of injuries relating to this incident:**

**Did the incident cause any opposition player to have medical treatment on the field or to leave the field for treatment?**

**Assistant Referee's report:**

Was the sending off based on a report from an Assistant Referee? Yes  No

If yes, name of the Assistant Referee submitting additional report (Law 6.B.7) \_\_\_\_\_

**Player's full name:** \_\_\_\_\_ **Team:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Incident description** (Including Laws under which recommendation was made to send player off):

(Use additional space, if required)

**Submitted by:**

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact details: \_\_\_\_\_ Date: \_\_\_\_\_

*This Report must be completed and submitted to the Designated Union or Disciplinary Official within 24 hours. In some instances it will be essential to submit immediately after the match.*