**Player Directions Senior – Red Card Logo

Description automatically generated**

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| --- | --- | --- | --- | --- |
| The name of the player or Club requesting the Personal Hearing | Name | | | |
| Whether the Player was the player who was shown the red card | Yes | No | If No, please state | |
| Whether the Player accepts that the Officials report(s) is/are (a) true and accurate account(s) of the incident that resulted in the showing of the red card and the facts surrounding the incident | Yes | | | No |
| Whether the Player accepts that he/she committed an act or acts of foul play, as set out in the Officials report(s) | Yes | | | No |
| Whether the Player accepts that/those acts warranted a red card | Yes | | | No |
| Whether the Player will try and show that the referee’s decision to show the player the red card was wrong | Yes | | | No |
| If so, why the Player says the referee’s decision was wrong (in summary), why evidence (and/or authorities) will rely on to support the player’s position |  | | | |
| Who will be attending the Hearing | Name(s) | | | |
| £100 (made payable to The Welsh Rugby Union Limited sent to Disciplinary Department) or via bacs | Yes | | | No |

**To be completed within SEVEN (7) Days and sent to: The Welsh Rugby Union Disciplinary Department. Email** [**disciplinarydept@wru.wales**](mailto:disciplinarydept@wru.wales)

**Please ensure that all documentation/information that you wish to rely upon to support the player’s case are returned along with this form.**