# 

**SOUTHERN COUNTIES EAST FOOTBALL LEAGUE**

**REFEREE MATCH REPORT FORM 2018-19**

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Team:** |  | **Away Team:** |  |
| **Goals** |  | **Goals** |  |
| **Date:** |  | **Referee:** |  |
| **Scheduled kick off time:** |  | **Actual kick off time:** |  |
| **If late kick off please state reason(s) below: -** | | | |

**Assistant Referees –** M*ark out of 1-95 for performance as per guidelines (do not just mark the maximum)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Assistant 1 Name:** |  | **Mark:** |  |
| **Assistant 2 Name:** |  | **Mark:** |  |
| IIf a low mark is awarded (64 or less) or high mark (85 or above) please state reasons below:- | | | |

## Misconduct

|  |  |  |
| --- | --- | --- |
| **Player’s name** | **Club** | **Caution/ Sent off (Please state code i.e. C1, S2 etc...)** |
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## Breach of League Rules & Directives

If either club is in breach of any League Rule or Directive**, i.e. short team, late kick off, late or no match notification (confirmation must be received at least 5 days before the match) Benches** please document the details below:-

|  |  |  |
| --- | --- | --- |
| **League Rule/ Directive** | **Offending Club** | **Details** |
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Was anyone dismissed from the Technical Area? **Yes/No** Has this been reported to The FA? **Yes/No**

Name(s) & Club(s)

**Where a person is dismissed from the Technical area did they conform with the league directive i.e. go to the dressing room/clubhouse or leave the ground for the remainder of the match.**

If no please supply details (name of official/club/where did they go)

**League Rule 8.27 – More than 2 standing**

Did you (referee) advise both clubs at exchange of team sheets of the need to adhere to this rule **Yes/No**

**If no, please state reason: -**

Did you (referee) advise both benches prior to kick of the need to adhere to the league directive **Yes/No**

**If no, please state reason: -**

**Where there was a breach of League Rule 8.27 – More than 2 standing Yes/No**

Did you or your senior assistant give at least 2 warnings to the club (excluding the one prior to kick off) **Yes/No**

When did the breach actually occur, 1st half/2nd half and for how long (all the time or on a number of occasions) – The junior assistant should also be able to supply this information

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**Was there a breach of the league directive in respect of the cooling off period i.e. did a Club manager, coach, player, official approach you at half time or within a 20 minute period after the game has finished (this includes not going onto the field of play at the end of the match nor waiting for the match officials in the tunnel area). Please note the post-match hand shake is an exception but any unacceptable comment(s) made will be considered as a breach of this directive.**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes, please supply details below (name of official/club/what exactly was said)

**Please note it is expected that any poor mark must be supported with details**

## Club Officials/ Benches

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home *(please tick) Good* |  | Satisfactory |  | Poor |  |
| Away *(please tick) Good* |  | Satisfactory |  | Poor |  |

Any comments

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **State of pitch** *(please tick) Good* |  | Satisfactory |  | Poor |  |

Any comments

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Referees Dressing Room** *(please tick)* |  |  |  |  |  |  |
| Good |  | Satisfactory |  | Poor |  |

Any comments

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hospitality** *(please tick)* Good |  | Satisfactory |  | Poor |  |

Any comments

|  |  |  |  |
| --- | --- | --- | --- |
| **Home team electronic boards used when a sub made** Yes |  | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Away team electronic boards used when a sub made** Yes |  | No |  |

**If electronic boards not used please state reason including which club(s):-**

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| --- |
|  |

**Was the electronic board used at half time/full time for additional time?** Yes No

**If no please state reason**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Did substitutes wear League Pink respect bibs - HOME club** (please tick) | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Did substitutes wear League Pink respect bibs – AWAY club** (please tick) | Yes |  | No |  |

**List of Named Substitutes Used (no more than 3)**

|  |  |
| --- | --- |
| **Home Team** | **Away Team** |
|  |  |
|  |  |
|  |  |

**All completed forms to be e-mailed to** [**referees@scefl.com**](mailto:referees@scefl.com) **within 48 hours of the fixture being played in the subject line please state match details i.e. teams and date together with your name as referee. i.e. Canterbury City FC v Bearsted FC 19/08/18 Joe Bloggs**