

**ACCIDENT/INCIDENT REPORTING FORM**

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| **1.** | **Site where accident took place** |
| **2.** | **Name of person in charge of training/session/match** |
| **3.** | **Name and address of injured person** |
| **4.** | **Date and time of accident/incident** |
| **5.** | **Nature of accident/incident** |
| **6.** | **Give details of how and precisely where the accident/incident took place (describe what activity was taking place, i.e. training exercise, match, changing etc** |
| **7.** | **Give details of action taken including any first aid and treatment and the names of such people giving aid.** |

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| **8.** | **Were any of the following contacted (police/ambulance/fire brigade/parent or guardian).** | |
| **9.** | **What happened to the injured person after the accident? (e.g. went home, went to hospital, carried on with training session/match.** | |
| **10.** | **Referee details (if any)** | |
| **11.** | **Has the Child Welfare Officer being informed Yes No (please circle)** | |
| **12.** | **Additional Information** | |
| **Declaration by adult** | |  |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(adult witness print name here)** confirm that all of the above facts are a true and accurate record of the accident/incident.  **Email address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |