

ACCIDENT REFERRAL FORM

Person reporting the incident

Name:

Home Address:

Club:

Contact number:

Person affected/injured

Name:

Home Address:

Date of birth:

Gender:

Contact number:

Club:

Parent/carers information

Name:

Home Address:

Contact number:

Email address:

Have parents/carers been notified of this incident?

Yes

No

If YES please provide details of what was said/action agreed:

Are you reporting your own concerns or responding to concerns raised by someone else?

Reporting my own concerns

Reporting concerns raised by someone else

If reporting concerns raised by some else, please provide further information below:

Name:

Position within the sport or relationship to child or adult at risk:

Contact number:

Email address:

SAFEGUARDING

Accident/Incident	
Date:	Time:
Place:	
Details of the incident or concerns:	
Action taken:	
Has the incident been reported to any external agencies?	
Email address:	
Yes	No
If yes please provide further details:	
Name of organisation or agency:	
Contact person:	
Contact number:	
Email:	
Agreed action or advice given:	
Please provide details of any witnesses to the incident:	
Name:	
Position within the club or relationship to the child or adult at risk:	
Date of birth (if child):	
Address:	
Contact number:	
Email address:	
Please provide details of any person involved in this incident or alleged to have caused the incident	
Name:	
Position within the club or relationship to the child or adult at risk:	
Date of birth (if child):	
Address:	
Contact number:	
Email address:	
Signed:	Date:
Print Name:	