



Accident Report

In the event of a serious accident, contact the Emergency Services or a GP, do not delay.

The completion of this form requires several people during the reporting, review and conclusion of the accident and cannot all be completed by one person.

Please provide as much information as you possibly can, but do not worry if you cannot supply all the information.

If there is not enough space to provide all the information, please use and attach separate sheets.

As soon as possible, send 1 copy to the Secretary and 1 copy to the Safeguarding Officer.

Copies of this form and the details provided will be stored securely and will only be shared with additional club officials, AGB or outside agencies on a need-to-know basis.

| 1 - Person reporting the Accident | |
|-----------------------------------|--|
| Your Name | |
| Club Name | |
| Membership Status | |
| Email | |
| Mobile / Tel. | |
| Address | |

| 2 - Person(s) affected by the accident | | |
|--|----------|----------|
| | Person 1 | Person 2 |
| Club | | |
| Name | | |
| D. of B. | | |
| Email | | |
| Mobile | | |
| Tel. | | |
| Address | | |

| 3 - Witnesses | | |
|---|----------|----------|
| Was the incident witnessed by anyone | Yes / No | |
| If yes, by whom <i>Name, mobile, email</i> | Person 1 | Person 2 |
| | | |

If reporting an injured Child or Young Person, please complete box 4, if not move on to section 5.

| 4 - Parent/Carer for Child or Young Person | |
|--|----------|
| Has the Parent/Carer been informed | Yes / No |
| Name of Parent/Carer | |
| Email | |
| Mobile / Tel. | |
| Address | |
| If informed, please give details of what was said If not informed, please give reason why | |
| | |

| 5 - Accident | |
|---|--|
| Where did it happen <i>Location, address</i> | |
| When did it happen <i>Day, date, time</i> | |
| What happened How and why did this happen | |
| First Aid given | |
| Did the casualty go to A&E Yes/No Which A&E <i>Day, date, time</i> | |

| 6 - Individual completing this report | |
|--|--|
| Signature | |
| Name | |
| Position | |
| Date | |

TO BE COMPLETED BY CLUB OFFICIALS

| 7 - Follow-up actions | |
|--|--|
| Was the club Safeguarding Officer informed <i>When, by whom</i> | |
| Was the Club/County/Region Secretary informed <i>When, by whom</i> | |
| Was AGB Membership Services or the SO informed <i>When, by whom</i> | |
| Advice given, suggested actions | |

| 8 - Return to club/sport | |
|---|--|
| Have those involved returned to the club/sport | |
| If not, why not | |
| Is there any further action required to encourage them back to the club/sport | |

| 9 - Club Official | |
|-------------------|--|
| Signature | |
| Name | |
| Position | |
| Date | |