**Accident Reporting Form**



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| About the person who had the accident | | | |
| **Full Name** |  | | |
| Address |  | | |
|  | | |
| **Postcode** |  | **Age if under 16** |  |
| **Occupation** |  | | |
| **Activity being undertaken at time of the accident** | |  | |

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| **About the Accident – when and where** | | | |
| **Date it took place** |  | **Time** |  |
| **Where it took place;**  **Room or location** |  | | |

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| **About the person reporting the accident (if not the same as above)** | | | | | | | |
| **Full Name** | |  | | | | | |
| **Address** | |  | | | | | |
|  | | | | | |
|  | | | | | |
| **Postcode** | |  | **Age if under 16** | | | |  |
| **Occupation** | |  | | | | | |
| **Role being undertaken at time of the accident** | | | |  | | | |
| **Signature** |  | | | | **Date** |  | |

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| **About the Accident – what happened** | |
| **How did the accident happen?**  **What was the cause?** |  |
| If there were any injuries **- what were they?** |  |
| Signature of Coach |  |

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| --- | --- |
| **Signature of Parent/ Guardian** |  |

|  |  |
| --- | --- |
| **Signature of Secretary** |  |

##### Additional Information