# Incident / Accident Report Form



Name of the person in charge of the session / competition:

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Site / venue where the incident / accident took place (try and include the exact post code of the venue)

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Date and time of the incident / accident:

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Name of the injured person:

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Address of the injured person:

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Nature of the incident / accident and extent of the injury:

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Give details of how and precisely where the incident / accident took place. Describe what activity was taking place e.g. training game, getting changed etc.:

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Give full details of the action taken including any First Aid treatment and the name(s) of the first aider(s):

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Were any of the following people contacted? Tick appropriate box.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Police |  |  |
| Ambulance |  |  |
| Parent/carer/guardian |  |  |

What happened to the injured person following the incident / accident? (E.g. went home, went to hospital, carried on with session etc.)

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All of the above facts are a true record of the incident / accident.

**Data Protection:**

The Club will use the information provided in this incident / accident form (together with other information it obtains about the player) to administer their cricketing activity at the Club and in any activities in which they participate through the Club and to care for and supervise activities in which they are involved.

In some cases, this may require the Club to disclose information to County Boards, Leagues and to the England and Wales Cricket Board. In the event of a medical issue or child protection issue arising, the Club may disclose certain information to doctors or other medical specialists and/or to the police, children’s social care, the courts and/or probation officers and potentially to legal and other advisers involved in an investigation.

**As the person completing this form, you must ensure that each person whose information you include in this form knows what will happen to their information and how it may be disclosed.**

|  |  |
| --- | --- |
| Signed: | Print Name: |
| Date: | Copies to: |

(if sending via email, print name in block letters in both columns)

*In the event of an incident / accident occurring through insufficient training or faulty equipment / facilities, the follow-up action taken should include the completion of a Risk Assessment.*