

# Confidential Incident and Accident Report Form

For Project and Club Use



This form is to be used to record these categories of incident, tick where applicable:

Accidental Injury <input type="checkbox"/>	Illness <input type="checkbox"/>	Hospitalisation or Fatality <input type="checkbox"/>	Violence, Assault, Threats or Verbal Abuse <input type="checkbox"/>	Other Safeguarding (see below)* <input type="checkbox"/>
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\* IMPORTANT: Follow Phab safeguarding procedures and complete relevant paperwork

Project or Club Name .....

**Date and time of incident/accident**

**Name of person involved (if more than one, separate forms are needed)**

Male / Female	D.O.B. ....
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**Site where incident/accident took place – Including address**

**Nature of incident/accident and extent of injury/illness**  
(Also please complete body map on reverse)

**Give full details of the incident and precisely what happened**  
(Describe what activity was taking place, if applicable)

**Give full details of action taken and include any first aid treatment.**

First-Aider's Name .....

Signature.....

Please Circle Yes or No

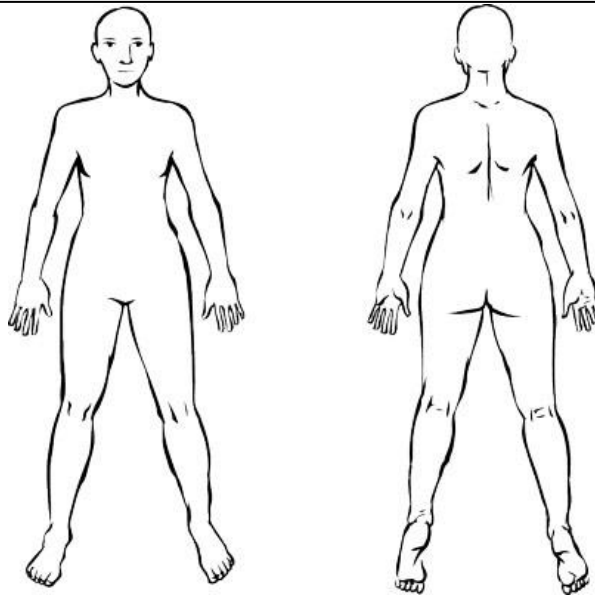
**Did the injured person:**

- Become Unconscious?      Yes / No
- Need Resuscitation?      Yes / No
- Attend Hospital?      Yes / No

**Were any of the following contacted?**    Parents/Carers     Police     Ambulance

**What happened to the injured person following the incident/accident?**

E.g. Went home/Continued Session/Went to Hospital Etc.



Front

Back

Please indicate any marks or injuries on the diagram above

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

Signed: ..... Name ..... Date .....  
(Person who completed report)

Signed: ..... Name ..... Date .....  
(Witness to incident/accident, if applicable)

Signed: ..... Name ..... Date .....  
(If able, person involved to sign, as a true and accurate record)

**Distribution of Paperwork – Three Copies Needed:**

1. To individual involved
2. Matthew Joyce, Phab Office at Summit House
3. Retained by Project leader/Club files

Parent/carer informed of incident upon collection of individual (where appropriate)

Signed..... Date .....