



C.W.L.T.C. Accidents & Incidents Reporting Form

Name: _____

Name of Organisation / Club: _____

Role: _____

Contact Information (you): _____

Address: _____

Eircode: _____

Telephone numbers: _____

Email address: _____

Child's Name: _____

Child's DOB: _____

Is there any additional, relevant information to add? YES NO

If yes please state _____

Child's Gender: _____

Parent's / carer's name(s): _____

Contact Information (parents/carers):

Address: _____

Eircode: _____

Telephone numbers: _____

Email address: _____

Have parent's / carer's been notify of this accident / 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:

Responding to my own concerns

Responding to concerns raised by someone else

If responding to concerns raised by someone else: Please provide further information below

Name: _____

Position within the sport or relationship to the child: _____

Telephone numbers: _____

Email address: _____

Date and times of accident / incident: _____

Details of the accident / incident or concerns: _____

Include other relevant information, such as description of any injuries and whether you are recording this accident / incident as fact, opinion or hearsay.

Child's account of the accident / incident: _____

Please provide any witness accounts of the accident / incident: _____

Please provide details of any witnesses to the accident / incident:

Name: _____

Position within the club or relationship to the child: _____

Date of birth (if child): _____

Address: _____

Eircode: _____

Telephone number: _____

Email address: _____

Please provide details of any person involved in this accident / incident or alleged to have caused the accident / incident / injury:

Name: _____

Position within the club or relationship to the child: _____

Date of birth (if child): _____

Address: _____

Eircode: _____

Telephone number: _____

Email address: _____

Please provide details of action taken to date: _____

Has the incident been reported to any external agencies? Yes No

If YES please provide further details:

Name of organisation / agency: _____

Contact person: _____

Telephone numbers: _____

Email address: _____

Agreed action or advice given _____

Your Signature: _____

Date: _____

Print name: _____

Contact your organisation's Designated Safeguarding Officer in line with (CWLTC's) reporting procedures.