**Accidents & Incidents Reporting Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | | |
| Club: | | | Role: | | | |
| Telephone numbers: | | | Email address: | | | |
| Address including Eircode: | | | | | | |
| Telephone numbers: | | | Email address: | | | |
| Child’s Name: | | | | | | |
| Child’s DOB: | | | Child’s Gender: | | | |
| Details of Person making Report | | | | | | |
| Telephone numbers: | | | Email address: | | | |
| Position within the sport or relationship to the child | | | | | | |
| Parent’s / carer’s name(s): | | | | | | |
| Telephone numbers: | | | Email address: | | | |
| Address including Eircode: | | | | | | |
| Have parent’s / carer’s been notify of this accident /incident Yes No | | | | | | |
| Details of Accident/Incident | | Date | | | Time | |
| Attach separate sheet if required | | | | | | |
| Child’s Account in their own words  Attach separate sheet if required | | | | | | |
| Action Taken  Attach separate sheet if required | | | | | | |
| Reports made to | Club CCO Y/N | | Club DLR Y/N | | | O.N.A.K.A.I. NCO Y/N |
| Action Agreed | | | | | | |
| Reports made to outside agencies? Y/N | | | | IF YES, provide details | | |
| External agency ( i.e. Tusla, Garda, Social Services) | | | | | | |
| Telephone numbers: | | | Email address: | | | |
| Action agreed: | | | | | | |
| Signature Date | | | | | | |
| Remember to maintain confidentiality on a need to know basis – only if it will protect the child/young person. Do not discuss this incident with anyone other than those who need to know. | | | | | | |