



Education | Environment | Experience

Accident reporting form

In the event of an accident, the following procedure should be followed by the club or organisation:

1. Fill in 2 copies of this form for **all** accidents.
2. Make contact with parents / carers.
3. Add 1 copy of the form to the incident book / folder.
4. Forward 1 copy to designated person for record keeping / action required.
5. Contact emergency services / GP if required.
6. Record in detail all facts surrounding the accident, including witnesses, etc.
7. Any further action.
8. Sign off on any action required from a senior management officer.

| Contact information – responsible adult | |
|--|--|
| Name of coach in attendance | |
| Address | |
| Contact number(s) | |
| Email | |
| Name of organisation | |

| Injured person information – child / young person | |
|--|--|
| Name | |
| Address | |
| Date of birth | |



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| | | | | |
|---|------------------------------------|--|--|--|
| Gender | Female <input type="checkbox"/> | Male <input type="checkbox"/> | Non-binary <input type="checkbox"/> | Another description (please state) <input type="checkbox"/> |
| Has the child / young person returned to the organisation following the accident? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | | |
| Accident information | | | | |
| Date of accident | | Time of accident | | |
| Date reported | | Time reported | | |
| Who reported the accident? | | | | |
| Location of accident | | | | |
| Details of injury | | | | |
| Nature of and how accident happened | | | | |
| Did anyone witness the accident? | No <input type="checkbox"/> | Yes – please give name(s) and details of witness(es) <input type="checkbox"/> | | |
| Was first aid involved? | No <input type="checkbox"/> | Yes – please give details <input type="checkbox"/> | | |
| Have parents / carers been notified? | No <input type="checkbox"/> | Yes – please state by whom and when <input type="checkbox"/> | | |
| Recommended action to be taken | | | | |



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|--|--------------------------------|--|
| | | |
| Referred to designated person(s)? | No <input type="checkbox"/> | Yes - please have them sign declaration at end <input type="checkbox"/> |
| Form completed by (print your name) | | |
| Your signature | | |

| Declaration - designated person | |
|--|--|
| Signature of management representative | |
| Print name | |
| Role within organisation | |
| Today's date | |



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Incident reporting form

| Your information | | | |
|----------------------|--|-----------|--|
| Name | | | |
| Address | | | |
| Contact number(s) | | | |
| Email | | | |
| Name of organisation | | Your role | |

| Personal information – child / young person | | | | | |
|--|----------------------------------|------------------------------------|--|--|--|
| Name | | | | Date of birth | |
| Gender | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Non-binary <input type="checkbox"/> | Another description (please state) <input type="checkbox"/> | |
| Is there any information about the child that would be useful to consider? | | | | | |
| | | | | | |

| Contact information – parent / carer | | |
|---|---------------------------------|---|
| Name(s) | | |
| Address | | |
| Contact number(s) | | |
| Email | | |
| Have they been notified of this incident? | No <input type="checkbox"/> | Please explain why this decision has been taken |
| | Yes <input type="checkbox"/> | Please give details of what was said / actions agreed |

| Incident details* | | | |
|--------------------------------|--|---|--|
| Date and time of incident | | | |
| Please tick one: | <input type="checkbox"/> I am reporting my own concerns. | <input type="checkbox"/> I am responding to concerns raised by someone else – please fill in their details: | |
| Name of person raising concern | | Role within the sport or relationship to the child | |
| Contact number(s) | | | |
| Email | | | |



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Details of the incident or concerns (include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay)

* Attach a separate sheet if more space is required (e.g. multiple witnesses)

| Incident details (continued) | | | |
|---|--|--|--|
| Child's account of the incident | | | |
| Please provide any witness accounts of the incident | | | |
| Name of witness (and date of birth, if a child) | | Role within the sport or relationship to the child | |
| Address | | | |
| Contact number(s) | | | |
| Email | | | |
| Details of any person involved in this incident or alleged to have caused the incident / injury | | | |
| Name (and date of birth, if a child) | | Role within the sport or relationship to the child | |
| Address | | | |
| Contact number(s) | | | |
| Email | | | |
| Please provide details of action taken to date | | | |



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|--|-----------------------------|--|
| | | |
| Has the incident been reported to any external agencies? | <input type="checkbox"/> No | <input type="checkbox"/> Yes – please provide further details: |
| Name of organisation / agency | | |
| Contact person | | |
| Contact number(s) | | |
| Email | | |
| Agreed action or advice given | | |
| | | |

| Declaration | |
|----------------|--|
| Your signature | |
| Print name | |
| Today's date | |

| Contact your organisation's Designated Safeguarding Officer in line with DIVE PROJECT CORNWALL's reporting procedures | |
|--|--|
| Safeguarding Officer's name | |
| Date reported | |



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Bullying incident report form

| Incident details | | | |
|--|---|---|-----------------------------------|
| Date of incident | | Time of incident | |
| Location / event | | | |
| Where did the incident occur? | <input type="checkbox"/> Diving pool | <input type="checkbox"/> Shore dive | <input type="checkbox"/> Campsite |
| | <input type="checkbox"/> Other (specify): | | |
| Nature / type of incident | | | |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Written | | |
| <input type="checkbox"/> Isolation – being ignored or left out | <input type="checkbox"/> Possessions – kit taken or damaged | | |
| <input type="checkbox"/> Physical – being hit or hurt | <input type="checkbox"/> Forced into actions against will / hazing | | |
| <input type="checkbox"/> Verbal – name-calling, taunting, mocking, threatening | <input type="checkbox"/> Cyber – online, social media, email, text, posting photos / videos | | |
| <input type="checkbox"/> Spreading rumours | <input type="checkbox"/> Other (specify): | | |
| Are there indications that the incident was motivated by any of these? Tick all that apply | <input type="checkbox"/> General appearance / demeanour | <input type="checkbox"/> Race / ethnic origin | |
| | <input type="checkbox"/> Disability / SEN | <input type="checkbox"/> Sexual orientation | |
| | <input type="checkbox"/> Gender / sexism | <input type="checkbox"/> Home circumstances | |
| | <input type="checkbox"/> Religion | <input type="checkbox"/> Sports ability | |

| Individuals involved | | | | |
|----------------------|------|---------|-----|-------|
| | Name | Gender* | Age | Role* |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |



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| | | | | |
|--|--|--|--|--|
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| * Gender: F – Female / M – Male / NB – Non-binary / Another – please write in | | | | |
| * Role: V – Victim / R – Ringleader / A – Associate / B – Bystander | | | | |

Brief summary of incident(s)

| |
|--|
| |
|--|

Action taken

Include any sanctions, exclusions, parental involvement, or involvement with external agencies.

Overall (include details if incident was referred on)

| |
|--|
| |
|--|



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With each individual involved (noted on page 1)

Declaration

| | |
|--|--|
| Declaration | |
| Form completed by (print your name) | |
| Your signature | |
| Today's date | |