



Accident Report Form

Applicable to: Stoolball England Volunteer Workforce

Date of Origination: June 2005

Effective From: November 2005

Lead Officer: Stoolball England Welfare Officer

Status: **CURRENT**

Approved by the Management Committee on: January 2018

For Review (Annually): Next review: January 2019

APPENDIX 9

INCIDENT REPORT FORM

Name of child	
Age and date of birth	Origin
Religion	First language
Disability (if any)	Any special factors
Parent's/carer's name(s)	
Home address (phone number and mobile number (if any))	
Are you reporting your own concerns or passing on those of somebody else? Give details	
Brief description of what has prompted the concerns: include dates, locations, times etc. of any specific incidents	
Any physical signs? Behavioural signs? Indirect signs?	

Have you spoken to the child? If so, what was said?	
Have you spoken to the parent(s)? If so, what was said?	
Has anybody been alleged to be the abuser? If so, give details	
Have you consulted anybody else? Give details	
Your name, position and contact details	
To whom reported, date of reporting and agreed actions	
Signature	Today's date

This incident referral form must be completed and returned to the Club Welfare Officer within 24 hours of the incident taking place. It is the responsibility of the appointed Welfare Officer to contact Social Services/Police. In the event of not being able to contact the Club Welfare Officer you must report this directly to the Police or Social Services