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| <b>DESCRIPTION OF INCIDENT AND INJURY (IF ANY): (please give as much detail as possible)</b> |
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| <b>CAUSE OF INCIDENT: (please give as much detail as possible)</b>                           |
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| <b>ACTION TAKEN: (please give as much detail as possible)</b>                                |
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**INCIDENT FOLLOW-UP**

1. Has the cause of the incident been investigated? Yes  No
2. Was the incident due to insufficient training? Yes  No   
If yes, has appropriate training been given or arranged? Yes  No
3. Were faulty equipment or facilities to blame? Yes  No   
If yes, have steps now been taken to rectify the situation? Yes  No
4. How likely is it that the incident will occur again? \_\_\_\_\_

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| <b>WHAT ACTION HAVE YOU TAKEN TO PREVENT THIS TYPE OF INCIDENT OCCURRING AGAIN?</b> |
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| <b>RELEVANT CONTACT NAMES, ADDRESSES AND TELEPHONE NUMBERS</b> |                   |
| <u>Name:</u>   | <u>Name:</u>      |
| <u>Address:</u>  | <u>Address:</u>   |
|  |                   |
| <u>Postcode:</u>   | <u>Postcode:</u>  |
| <u>Telephone:</u>  | <u>Telephone:</u> |
| <u>Email:</u>  | <u>Email:</u>     |
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**FOR CLUB/ASSOCIATION USE ONLY**

**Date Form received:**

**Signed:**

**Club/Association Chair/Secretary:**

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