

**FEKO INTERNATIONAL**

**Accident/Incident Report Form**

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| **Your name** | **Name of Association** |
| **Your role** |  |

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| --- | --- |
| **Your contact details** | |
| Address | Telephone number(s) |
| Postcode | E-mail address |

|  |  |
| --- | --- |
| **Details of person injured or affected** | |
| Date of accident/incident | Location |
| Name | Date of birth |
| Address | Telephone number(s) |
| Postcode | E-mail address |
| Ethnic origin | Does the individual have a disability? |
| Gender |  |

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| --- | --- |
| **Where a young person under the age of 18 years - Parent/Guardian details** | |
| Name |  |
| Address | Telephone number(s) |
| Postcode | E-mail address |
| Has the parent/guardian been notified of this incident? | YES/NO (please delete as appropriate) |

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| **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 a fact, opinion or hearsay)** |
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| --- | --- |
| Were there any witness accounts of the incident? | YES/NO (please delete as appropriate |
| **If ‘Yes’ please answer below supplementary questions** | |
| Name |  |
| Position within the club or relationship to the individual |  |
| Date of birth (if child) |  |
| Address | Telephone number(s) |
| Postcode | E-mail address |

|  |  |
| --- | --- |
| **Please provide details of any person involved in this incident or alleged to have caused the incident /injury** | |
| Name |  |
| Position within the club or relationship to the child |  |
| Date of birth (if child) |  |
| Address | Telephone number(s) |
| Postcode | Email address |

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| **Please provide details of action taken to date** |
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| Has the incident been reported to any external agencies or to a Medical Practitioner? | YES/NO (please delete as appropriate) |
| **If YES, please provide further details** | |
| Name of organisation/agency | |
| Contact person | Telephone number(s) |
| Email address |  |
| Agreed action or advice given | |

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| --- | --- | --- | --- |
| **Your Signature:** |  | **Print name:** |  |
| **Date:** |  | | |

This form should be used whenever there is an incident or accident that may result in an insurance claim under FEKO’s insurance policy. When fully completed It should be sent to:

Noel Mantock

FEKO International Chair.

Box 410, 266 Banbury Road,

Summertown,

Oxford,

OX2 7DL

Or emailed as an attachment to [Noel@feko.co.uk](mailto:Noel@feko.co.uk)