



# EVENT ACCIDENT REPORT FORM

## Safeguarding Resource Document

Event Details:					
Event Name:					
Sport:	Swimming/ Masters	Open Water	Diving	Artistic Swimming	Water Polo
Name: (person completing this form)			Position/Role:		
Contact Email Address:			Contact Number:		

Injured Member Details:			
Name:			
Address:			
Date of Birth:		Membership No:	
Club:		Role at the Event:	
Parent/Carer Name: (if Member is under 18)			
Member or Parent Contact number:		Member or Parent Contact Email:	

Accident Details:	
Date of accident:	
Time of accident:	
Venue:	
Location within Venue:	

Describe below exactly what has occurred:	
What happened?	
What action was taken?	
What action needs to be taken?	



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<b>Are the Facility Staff Aware and involved?</b>	Yes	No
If yes, what is the contact name and role:	Name:	Role:
Email address & Contact Number:	Email Address:	Contact Number:
<b>Emergency Services Involved?</b>	Yes: Please detail:	No
<b>Do you need witness statements?</b>	Yes	No
If yes, please list the names of those submitting statements		

<b>Who do you need to inform?</b>	Date advised:		
Venue Operators?	Yes	No	
Scottish Swimming?	Yes	No	
Insurance Company?	Yes	No	
Parents/ Guardians?	Yes	No	
Travel Company?	Yes	No	
Event Organisers?	Yes	No	
Legal Assistance?	Yes	No	

<b>Signed:</b>	
<b>Date:</b>	

Where a member is conveyed to hospital, or the Police are involved, Sean Dawson, Safeguarding Manager should be informed as soon as possible ([s.dawson@scottishswimming.com](mailto:s.dawson@scottishswimming.com), 07801 578967).

A copy of this form should also be sent to Scottish Swimming within 48 hours of incident to [wellbeingprotection@scottishswimming.com](mailto:wellbeingprotection@scottishswimming.com)

Remember to maintain confidentiality on a *need to know* basis – do not discuss this incident with anyone other than those who need to know.