



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

Who do you need to inform?			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	

Signed:	
Date:	

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, 07801 578967).

A copy of this form should also be sent to Scottish Swimming within 48 hours of incident to 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.