



Epping Youth Football Club

Report of an Accident, Dispute or Incident

To be completed by the manager or affected person. Please write clearly so that the form can be scanned, copied or emailed. Complete ALL sections and return the form within 7 days of the accident or incident happening, to the addresses listed at the end of the document

A. ABOUT THE INJURED/AFFECTED PERSON (IAP)

Name	Age.
Address	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Was the affected person? (tick 1 box only) <input type="checkbox"/> an player <input type="checkbox"/> manager <input type="checkbox"/> a parent <input type="checkbox"/> coach <input type="checkbox"/> a spectator <input type="checkbox"/> a member of public

B. ABOUT THE TYPE OF INJURY

Describe the injury and the part of the body	<input type="checkbox"/> Become unconscious <input type="checkbox"/> Need resuscitation <input type="checkbox"/> Remain in hospital for more than 24 hours <input type="checkbox"/> Receive first aid – give details of first aider
	<hr/> <input type="checkbox"/> None of the above

C. ABOUT THE ACCIDENT/INJURY (A/I)

Date and Time of A/I	Location of A/I
Did the A/I result in? <input type="checkbox"/> A dispute <input type="checkbox"/> A minor injury ← <input type="checkbox"/> A major injury <input type="checkbox"/> Safeguarding Issue <input type="checkbox"/> Other, please specify:	Did the accident involve being? <input type="checkbox"/> Physically assaulted by a person <input type="checkbox"/> Verbally abused or threatened <input type="checkbox"/> Another kind of accident/incident ← <input type="checkbox"/> please specify:

C. ABOUT THE ACCIDENT/INJURY (A/I) Continued

What immediate action has been taken to prevent a recurrence? If NONE, state why not.

C. ACCOUNT OF EVENTS

Please give as much detail as possible:

E. MANAGER/COACH SUBMITTING THIS REPORT

Name:	I, the undersigned, state that the above is a true and accurate account of the accident/incident. Signature:
Contact Phone No.	
Email:	
	Date:

WITNESS INFORMATION:

Witness Name:	Witness Name:
Witness Address:	Witness Address:
Contact Phone No.	Contact Phone No.

Please send the completed form to the following:

Secretary
 Richard Cobb
 1 Matching Airfield, Anchor Lane, Abbess Roding Essex CM5 0JR
richard,cobb@eppingyouthfc.co.uk

Child Welfare Officer
 Richard Wain
 3 Nicholl Road, Epping CM16 4HX
richard.wain@eppingyouthfc.co.uk