

## Accident Report Form

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This form is only to be completed by the event organiser, promoter, a referee, a club executive, or someone undertaking a similar role and must be completed as soon as possible at the time of the accident/ incident.

**For issues of a Child Protection nature, please use an 'INCIDENT RECORD FORM'**

### Club Details:-

Club Name:			
Name: (person completing this form)			
Position / Role:			

### Athletes Details:-

Name:			
Date of Birth:		Membership No.:	

### Accident Details:

Date of accident:			
Venue:			
<b>Describe below exactly:</b>			
What happened?			
What action was taken?			
What action needs to be taken?			

<b>Consider:</b>				
<b>Do you need witness statements?</b>			Yes	No
<b>Who do you need to inform?</b>			<b>Date advised:</b>	
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>	

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

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