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| **Junior Accident & Incident Reporting Form** |
| Your Name |  |
| Name of Organisation/Club |  |
| Your Role |  |
| Your Address |  |
| Your Eircode |  |
| Your Telephone Numbers |  |
| Your Email address |  |
|  |
| Child’s Name |  |
| Child’s DOB |  |
| Is there any additional, relevant information to add? If **YES**, please state |  |
| Child’s Gender |  |
| Parent’s/Carer’s Name(s) |  |
| Contact information (parents/carer’s) |  |
| Address |  |
| Eircode |  |
| Telephone numbers |  |
| Email Address |  |
| Have the parents/carer’s been notified of this accident / incident? If YES, please provide details of what was said/action agreed | **Yes** **No**  |

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| Are you reporting your own concerns or responding to concerns raised by someone else? | Responding to my own concerns Responding to concerns raised by someone else  |
| **If responding to concerns raised by someone else, please provide further information below:** |
| Name |  |
| Position within the sport or relationship to the child |  |
| Telephone numbers |  |
| Email Address |  |
| Date and times of accident/incident |  |
| 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 fact, opinion or hearsay.**  |
| Child’s account of accident/incident |  |

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| Please provide any witness accounts of the accident/ incident  |  |
| **Please provide details of any witnesses to the accident/incident:** |
| Name |  |
| Position within the club or relationship to the child |  |
| Date of birth (if child) |  |
| Address |  |
| Eircode |  |
| Telephone Number |  |
| Email Address |  |
| **Please provide details of any person involved in this accident/incident or alleged to have cause the accident/incident/injury:** |
| Name |  |
| Position within the club or relationship with child |  |
| Date of birth (if child) |  |
| Address |  |
| Eircode |  |  |
| Telephone Number |  |
| Email Address |  |
| Please provide details of action taken to date |  |
| Has the incident been reported to any external agencies?  | **Yes** **No**  |
| If **YES,** please provide further details: |
| Name of organisation/agency |  |
| Contact person |  |
| Telephone numbers |  |
| Email address |  |
| Agreed action or advice given |  |
| Your signature |  |
| Date |  |
| Print Name |  |

**Contact your organisation’s Designated Safeguarding Officer in line with Triathlon Ireland’s Reporting Procedures.**