

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	

<p>add?</p> <p>If YES, please state</p>	
<p>Child's Gender</p>	
<p>Parent's/Carer's Name(s)</p>	
<p>Contact information (parents/carer's)</p>	
<p>Address</p>	
<p>Eircode</p>	
<p>Telephone numbers</p>	
<p>Email Address</p>	
<p>Have the parents/carer's been notified of this accident / incident?</p> <p>If YES, please provide details of what was said/action agreed</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

Are you reporting your own concerns or responding to concerns raised by someone else?	Responding to my own concerns <input type="checkbox"/> Responding to concerns raised by someone else <input type="checkbox"/>
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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 <input type="checkbox"/> No <input type="checkbox"/>
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.