



## BUCKINGHAMSHIRE SQUASH & RACKETBALL ASSOCIATION

### 4. INCIDENT/INJURY REPORTING FORM (JUNIORS AND VULNERABLE ADULTS)

This form must be completed for significant injuries or incidents involving juniors or vulnerable adults. If you have concerns about a safeguarding incident/injury, please contact the BSRA Welfare Officer (or Chair in his/her absence) as soon as you reasonably can and complete the incident/injury reporting form. The form should be emailed directly to the Welfare Officer and Chair. As safeguarding incidents are usually of personal matter, information should be treated sensitively and in confidence.

TO BE COMPLETED BY PERSON REPORTING INJURY/INCIDENT	
Your name:	Name of organisation:
Your role:	
Your contact information: Phone number: Email:	
Child's name:	Child's date of birth:
Child's ethnic origin:	Does child have a disability?
Child's gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Parents / carer's name(s):	
Parents / carers contact details Phone number: Email:	
Have parents / carers been notify of this injury/incident? (If in doubt about whether the parents should be notified, please contact the welfare officer for advice). <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES please provide details of what was said/action agreed:	

**Incidents only:**

Are you reporting your own concerns or responding to concerns raised by a 3rd party?

- Reporting my own concerns
- Reporting concerns raised by 3<sup>rd</sup> party

Name of 3rd party:

Position within the sport or relationship to the child:

Telephone number:

Email address:

Date and times of injury/incident:

Details of the injury/incident or concerns:

Include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay.

Please provide details of action taken to date:

Please specify if any further action is required, when and by whom:

**TO BE COMPLETED BY THE WELFARE OFFICER (WO) OR CLUB MANAGER IN HIS/HER ABSENCE**

Name of WO:

Contact details of WO

Phone number:

Email:

Name of Chair:

Contact details of Chair

Phone number:

Email:

Details of action taken by WO:

Is the incident considered to be poor practice or possible abuse?

Has the incident been reported to any external agencies? (Possible abuse incidents must be reported to the local authority for investigation)

Yes

No

If YES please provide further details:

Name of organisation / agency:

Contact person:

Telephone numbers:

Email address:

Agreed action or advice given: