

Incident / Accident Report

Form 5



To be completed following an incident or an accident. The information on this form is confidential.

The information on this form will be processed by the Diocese/parish in accordance with its Safeguarding Policies and Procedures and applicable law. It will be stored indefinitely by the Diocese/Parish in accordance with those requirements. Depending on the nature of the data on the form, it may be necessary to disclose some details to the appropriate statutory agencies. For further information, please see the Parish/Diocese Privacy Policy or contact the Data Protection Officer.

Parish		Church Organisation	
Activity / Project /Event Information			
Location / Venue		Date	Time
Leaders / Volunteers in charge	1.		2.
	3.		4.
Name of Child/Young Person involved		Date of Birth	
Name, address and contact details of Parent / Guardian		Tel. Land	
		Tel. Mobile	
Give details of Accident / Incident			
Please include as much detail as possible. If medical attention was required please note the name of the surgery, clinic or hospital attended and the names of those who treated the child / young person. Use a separate sheet if necessary.			
Action taken during and following the incident / accident			
People contacted, date and time			
Any follow up action required			
Signed		OFFICE USE ONLY	
		Received By:	
Date		Date:	