

Appendix ii)



BNOCC accident report form

Date _____

This form is only to be completed by the coach or assistant coach and not by the person suffering the injury.

Injured person details

Surname _____

Forenames _____

Address _____

Post code _____

Telephone number _____

Date of birth _____

Date and time of accident _____

Date and time reported _____

Person reported to _____

Details of injury (specify left or right side), and/or loss or damage and action taken

First-aid administered (please tick relevant box)

Yes No

Name of first aider _____

First aid administered _____

Please tick relevant boxes

Ambulance called

Yes **No**

Taken to hospital

Yes **No**

Taken home

Yes **No**

Circumstances of accident and location

Name and address of witnesses

Person completing this form:

Name _____

Address _____

Post code _____

Telephone number _____

Signature _____

Date _____