



FEKO INTERNATIONAL

Accident/Incident Report Form

Your name	Name of Association
Your role	

Your contact details	
Address	Telephone number(s)
Postcode	E-mail address

Details of person injured or affected	
Date of accident/incident	Location
Name	Date of birth
Address	Telephone number(s)
Postcode	E-mail address
Ethnic origin	Does the individual have a disability?
Gender	

Where a young person under the age of 18 years - Parent/Guardian details	
Name	
Address	Telephone number(s)
Postcode	E-mail address



Has the parent/guardian been notified of this incident?	YES/NO (please delete as appropriate)
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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 a fact, opinion or hearsay)	

Were there any witness accounts of the incident?	YES/NO (please delete as appropriate)
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If 'Yes' please answer below supplementary questions	
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Name	
Position within the club or relationship to the individual	
Date of birth (if child)	
Address	Telephone number(s)
Postcode	E-mail address

Please provide details of any person involved in this incident or alleged to have caused the incident /injury	
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Name	
Position within the club or relationship to the child	
Date of birth (if child)	
Address	Telephone number(s)
Postcode	Email address



Please provide details of action taken to date	

Has the incident been reported to any external agencies or to a Medical Practitioner?	YES/NO (please delete as appropriate)
If YES, please provide further details	
Name of organisation/agency	
Contact person	Telephone number(s)
Email address	
Agreed action or advice given	

Your Signature:		Print name:	
Date:			

This form should be used whenever there is an incident or accident which may result in an insurance claim under FEKO's Insurance Policy. When fully completed It should be sent to:

Chair
 FEKO International
 75 Circuit Lane
 Reading
 RG30 3HD

Or emailed as an attachment to Noel@feko.co.uk

