



Accident Report Form

Recorder's Name:	
Address:	
Post Code:	Telephone No:
Name of Injured Person [s]:	
Address:	
Post Code:	Telephone No:
Nature of Injury Sustained:	
Where did the Accident occur: [include: date; time; location; and nature of the accident.]	
How did the Accident occur: [include: names; telephone numbers; etc.]	
Were there any witnesses to the Accident: [include: names; statements, etc.]	

What action was taken: [include: treatment administered, by whom, etc.]	
Were any other Agencies involved: [e.g. Ambulance service?]	
Have the Parents / Carers been contacted? YES NO [Please circle.]	
Does the accident need to be referred to England Golf Governance Dept? YES NO	
Date:	Time:
Signature of Recorder:	
<p>Data protection:</p> <p>The Cornwall Ladies County Golf Association and England Golf Governance Department may use the information in this form (together with other information they obtain as a result of any investigation) to investigate the alleged incident and to take whatever action is deemed appropriate, in accordance with their Children and Young People Safeguarding Policy and Procedures.</p> <p>Strict confidentiality will be maintained and information will only be shared on a "need to know" basis in the interests of safeguarding and in accordance with the company's data protection policy. This may involve disclosing certain information to a number of organisations and individuals including relevant clubs and County bodies, individuals that are the subject of an investigation and/or Statutory agencies such as the Police and Children's Social Care.</p>	