

# Sevenoaks Town FC

## ACCIDENT REPORT FORM

This form should when completed be emailed to [paul@sevenoakstownfc.co.uk](mailto:paul@sevenoakstownfc.co.uk)

About the person who had the accident			
<b>Full Name</b>			
<b>Address</b>			
<b>Postcode</b>		<b>Age if under 16</b>	
<b>Contact No.</b>			
<b>Occupation</b>			
<b>Activity being undertaken at time of the accident</b>			
About the person reporting the accident (if not the same as above)			
<b>Full Name</b>			
<b>Address</b>			
<b>Postcode</b>		<b>Age if under 16</b>	
<b>Occupation</b>			
<b>Role being undertaken at time of the accident</b>			
<b>Signature</b>		<b>Date</b>	
About the Accident – when and where			
<b>Date it took place</b>		<b>Time</b>	

**Where it took  
place;  
Room or location**

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**About the Accident – what happened**

**How did the accident  
happen?  
What was the cause?**

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**If there were any  
injuries  
- what were they?**

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**Signature of employer  
or person in charge**

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## **Additional Information**

## ACCIDENT REPORT FORM-Template

These details should also be recorded in the Accident Book, where one exists

About the person who had the accident			
Full Name			
Address			
Postcode		Age if under 16	
Occupation			
Activity being undertaken at time of the accident			
About the person reporting the accident (if not the same as above)			
Full Name			
Address			
Postcode		Age if under 16	
Occupation			
Role being undertaken at time of the accident			
Signature		Date	
About the Accident – when and where			
Date it took place		Time	
Where it took place; Room or location			

<b>About the Accident – what happened</b>	
<b>How did the accident happen? What was the cause?</b>	
<b>If there were any injuries - what were they?</b>	

<b>Signature of employer or person in charge</b>	
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## **Additional Information**

