

**Accident Report Form**

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| **About you, the person filling in this report** | |
| **Name** |  |
| **Name of Netball Club** |  |
| **Address** |  |
| **Contact Number** |  |
| **About the person who had the accident** | |
| **Name** |  |
| **Name of Netball Club** |  |
| **Address** |  |
| **Contact Number** |  |
| **England Netball Affiliation Number** |  |
| **About the Accident** | |
| **Date and time of Accident** |  |
| **Location of Accident**  (eg. Court No/Car park) |  |
| **Details of Accident** |  |
| **Details of injury and treatment/action taken** |  |
| **Printed Name / Signature of Person Completing the Form** |  |
| **To be completed by WINL:**  **Any recommendations to avoid similar accidents occurring** |  |

Updated: 01.07.16