

# Poole Hockey Club's incident / accident report form



This form should be completed by Poole Hockey Club's main point of contact for the event at which the incident / accident occurred e.g. coach, team manager.

Information given is kept confidential and only given to those who need to know it. All personal information will be processed, stored and retained in accordance with both [Poole Hockey Club's Privacy Notice](#) and GDPR.

Once completed, please send this form to [welfare@poolehockeyclub.co.uk](mailto:welfare@poolehockeyclub.co.uk)

## Details of person completing this form

1. Your name	
2. Your role at Poole HC	
3. Your contact telephone no.	
4. Your email address	

## Details of the injured person

5. Name	
6. Adult or under 18?	Adult      U18
7. If under 18, name of parent / guardian	
8. Player / guardian (if U18) contact telephone no.	
9. Player / guardian (if U18) email address	

## Details of the incident / accident

10. Date and time of the incident / accident	
11. Venue of the incident / accident	
12. Type of event during which the incident / accident occurred (e.g. coaching, league match, club day)	
13. Did the injury require hospital treatment?	Yes      No
14. Details of the incident / accident e.g. <ul style="list-style-type: none"><li>• any injuries</li><li>• part of the body affected</li><li>• any protective equipment worn at the time</li><li>• people involved</li><li>• any action taken (e.g. medical treatment administered including name of first aider)</li><li>• recommended follow up</li></ul>	

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15. What happened to the injured person following the incident / accident? (e.g. went home, went to hospital, carried on with session)	
16. If medical supplies were used from a PHC first aid kit, please list them here so we can ensure items are replenished	

## England Hockey Injury Reporting ([click here for full information](#))

England Hockey require clubs to complete an 'Injury Monitoring Form' following injuries sustained that require one or more of the following:

- Treatment from a first aid specialist (e.g. Team doctor/ first responder)
- Hospital treatment
- Subsequent visit(s) to a GP

**If applicable, please click here and complete the England Hockey Injury Monitoring Report form.**

17. Have you completed the EH injury report form?	Yes          No
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Please return the completed form to [welfare@poolehockeyclub.co.uk](mailto:welfare@poolehockeyclub.co.uk)

## Welfare Officer follow up

This form will be reviewed by Poole Hockey Club's Welfare Officer. Depending on the injury sustained, follow up action may be taken.

18. What, if any, follow up action was taken by PHC's Welfare Officer (to be completed by the Welfare Officer)?	
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