# INITIAL ACCIDENT REPORT FORM



## EVEN WHEN THE GREATEST CARE AND ATTENTION TO SAFETY ARE TAKEN

THE FACT IS THAT ACCIDENTS WILL OCCUR, RESULTING IN PERSONAL

INJURIES OR DAMAGE TO PROPERTY. THE YOUTH CLUB SHOULD KEEP A

WRITTEN RECORD OF ALL ACCIDENTS. WHERE MEDICAL ATTENTION IS

REQUIRED OR DAMAGE TO A THIRD PARTY’S PROPERTY HAS OCCURRED,

THIS FORM SHOULD BE COMPLETED AND SENT TO THE MEMBER YOUTH

SERVICE OFFICE AS SOON AS POSSIBLE.

NAME OF YOUTH CLUB:----------------------------------------------------------------------------------------------------------------------

NAME OF INJURED PERSON / LOCATION OF DAMAGED PROPERTY:-------------------------------------------------------

ADDRESS:-----------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------- AGE:-------------------------------------

PLEASE TICK: 🞎 CLUB MEMBER 🞎 NON CLUB MEMBER

PLEASE GIVE EXACT DATE, TIME & LOCATION OF THE ACCIDENT:---------------------------------------------------------

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PLEASE DESCRIBE EXACTLY WHAT HAPPENED:----------------------------------------------------------------------------------

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PLEASE PROVIDE BRIEF DETAILS OF INJURIES / DAMAGE TO PROPERTY:---------------------------------------------

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IF THERE WERE WITNESSES, PLEASE PROVIDE THE FOLLOWING DETAILS:

NAME:----------------------------------------------------------- NAME:------------------------------------------------------

ADDRESS:------------------------------------------------------ ADDRESS:-------------------------------------------------

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IF MEDICAL ATTENTION WAS REQUIRED PLEASE STATE:

A) NAME & ADDRESS OF DOCTOR WHO ATTENDED THE INJURED PERSON:------------------------------------------

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B) IF THE INJURED PERSON WAS TAKEN TO HOSPITAL, PLEASE STATE HOW AND NAME OF HOSPITAL:

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ON BEHALF OF -------------------------------------------------------------------------YOUTH CLUB / GROUP / PROJECT I CONFIRM THAT THE ABOVE INFORMATION IF CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF CHAIRPERSON / SECRETARY OF CLUB:------------------------------------------------------------------------

ADDRESS:-----------------------------------------------------------------------------------------------------------------------------------------

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TELEPHONE NUMBER:------------------------------------------------------ DATE:----------------------------------------------

**INSTRUCTIONS:**

* **THIS FORM SHOULD BE USED TO PROVIDE AN INITIAL REPORT TO YOUTH WORK IRELAND REGARDING AN ACCIDENT WHICH HAS TAKEN PLACE DURING YOUTH CLUB ACTIVITIES.**
* **THIS FORM SHOULD BE COMPLETED BY THE CHAIRPERSON / SECRETARY OF THE YOUTH CLUB.**
* **THE COMPLETED FORM SHOULD BE RECEIVED BY YOUTH WORK IRELAND (VIA THE MEMBER YOUTH SERVICE) WITHIN *SEVEN (7) WORKING DAYS* OF THE ACCIDENT.**
* **THE PURPOSE OF THIS FORM IS TO FACILITATE THE EARLY NOTIFICATION OF ACCIDENTS. PLEASE NOTE THAT IS MAY BE NECESSARY AT A LATER STAGE TO COMPLETE A FORM(S) AT THE REQUEST OF THE YOUTH WORK IRELAND INSURERS.**

**FAUSTINA MONAGHAN**

### YOUTH WORK IRELAND

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**DUBLIN 1**

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