



Accident Report Form

Buckinghamshire County Ladies Golf Association
(BCLGA)

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.]	



Accident Report Form

Buckinghamshire County Ladies Golf Association
(BCLGA)

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 Compliance Dept? YES NO
[Please circle.]

Date:

Time:

Signature of Recorder:

Data protection:

BCLGA 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.

Strict confidentiality will be maintained and information will only be shared on a "need to know" basis in the interests of safeguarding. 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.