

SOUTHAMPTON NETBALL ASSOCIATION

ACCIDENT & INJURY REPORTING PROCEDURE

The following Procedure has been established to ensure that Southampton Netball Association act in accordance with the terms of our Insurance Policy.

Failure to follow this procedure could result in the withdrawal of any Indemnity.

What does that mean?

In plain English, **IT MEANS THAT YOU COULD BE PERSONALLY LIABLE IN THE EVENT OF A CLAIM BEING MADE.**

If an accident or injury happens on your court/in your game - **REPORT IT**

It is important that all incidents are reported to the Honorary Secretary as soon as possible.

A phone call or informal chat during or after the game is **NOT ACCEPTABLE**.

You must notify the Honorary Secretary in writing with the following information:

- Date & time of the incident
- Location of the incident
- Name of person injured/involved in the incident
- Name of any other person or persons involved in the incident
- Details of the incident
- Name of any witnesses to the incident
- Time incident reported to the venue at which you were playing
- Name of venue staff member to whom you reported the incident
- Did the injured person receive any treatment
- Was an ambulance called
- Was the injured person taken to hospital
- Do you know what treatment they received

[Click here to download the official accident/incident form](#)

Please take copies of this along to each match with you and complete it as soon as you can in the event of an accident or injury.

SOUTHAMPTON NETBALL ASSOCIATION ACCIDENT, INCIDENT OR NEAR-MISS REPORT FORM

please complete ALL sections and PRINT legibly - thank you

PERSON AFFECTED		WHERE & WHEN THE ACCIDENT / INCIDENT / NEAR-MISS OCCURRED	
First Name	Last Name	Location (e.g. Oaklands, Court 2)	
THE ACCIDENT / INCIDENT / NEAR-MISS brief description of what happened		Date	Time
		Was an ambulance required	YES NO
		From which hospital	
		Was the injured person taken to hospital	YES NO
Name of venue staff person to whom incident reported			
		Date reported to venue staff	Time reported to venue staff
		WITNESSES (try to get name, address & contact number for at least two)	
PERSON COMPLETING THIS FORM			
Name (please PRINT)	Signature	Club	Contact Telephone Number
Date form completed		COMPLETED FORMS TO BE SENT WITHIN 7 (SEVEN) DAYS OF THE INCIDENT TO Mrs. Val Banks, Honorary Secretary, Southampton Netball Association, 205 Spring Road, Sholing, Southampton, Hampshire, SO19 2NY	

Details of treatment injured person received

Name of first aider who dealt with incident

Club