**Poole Harbour Canoe Club – Accident report form.**

**Date of report:**

|  |  |  |
| --- | --- | --- |
| Person completing the form | Tel. No.  | E-Mail |
|  |  |  |
| Name of person affected | Tel. No.  | E-Mail |
|  |  |  |
| Position in the club |  | Junior or Adult : |

|  |  |
| --- | --- |
| Date and time of the incident : |  |
| Description of incident and people involved, including witnesses. |
| Immediate action taken : |
| Further action recommended : |

Please send a copy of this form to the current Secretary, Training Officer and Welfare Officer, who will acknowledge receipt and provide additional comments.