



# INCIDENT REPORT FORM

It is important that details of any known incidents or injuries that occur to individuals while undergoing coaching or taking part in fencing or fencing related activities are recorded – indeed those involved in any sport are required to report (to their insurance brokers) every known incident, particularly those involving a personal injury, which may give rise to a subsequent claim.

Whilst it is recognised that coaches, centers and clubs may already hold information relating to incidents and accidents in their accident and or Near Miss books, this form is provided for the use of all individual coaches wishing to report incidents, particularly those operating under the BAF Insurance scheme. It may be that the incident has already been reported to the British Fencing Association (BFA), but we would encourage to report it also via this route. Sharing information will ensure that appropriate details are passed on to BAF's insurance brokers and perhaps, more importantly will enable us to build a database of injuries and incidents that will enable us to further develop future good practice guidelines to help protect those taking part in the sport of fencing.

The details of incidents reported via this form will only be used for the purposes stated and will be held confidentially. This forms purpose is to ensure that reporting requirements are met and that in the event that a claim is made against you insurers can act speedily.

The none reporting of this type of information could result in insurers limiting cover or denying indemnity. Please help us to support you.

Please complete this form in clear print and using black ink.

Return to: The BAF Secretary

**Your Name**

**Your Contact Details  
(including telephone no.)**

**Club/ Centre / Organisation**

**Date and Time of Incident**

**Incident Location**

**Name of Individual(s)  
involved in the Incident**

**Contact Details of  
Individual(s) involved in the  
Incident or Injured**

**Brief Description of Incident**

**Details of any injuries**

**Outline of Actions Taken**

**Details of on-site First Aid**

**Details of any emergency service support**

**Details of any evacuation to Hospital etc.**

**Details of any Witnesses to the Incident**

**Outcome (as far as can be determined at the time of this report)**

**Any Additional Information**

Please complete this form in clear print and using black ink.  
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