

Incident/accident report

As a Licensed Organisation we have committed to ‘*notify ASL or the Charity immediately in the event of any serious incident or accident that leads to or could have led to injury of a participant or Staff’. Clause 3.10.*

The information is used to review practice; inform others (without reference to specific names) and to potentially develop support and/or resources at the appropriate level.

Please fill in the form below and email it to [dofe@dorsetcc.gov.uk](mailto:dofe@dorsetcc.gov.uk)**.** If of serious enough level it will be forwarded, in confidence, to Ops and Regional Office.

Filling in this form does not negate the need for you to inform the relevant Emergency Services and follow your Centre or Licensed Organisation’s emergency procedures.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DofE Region:** | | | South West | | | | |
| **Date of incident:** | | |  | | **Time:** |  | |
| **Type of incident:** | | | Accident  Behaviour  Illness |  | Lost  Near miss  Recurring injury | |  |
|  | | | Other  Please give details below | | | | |
|  | | |  | | | | |
| **Group details:** | | | | | | | |
|  | Group name |  | | | | | |
|  | Contact name |  | | | | | |
|  | Position |  | | | | | |
|  | Address |  | | | | | |
|  | Telephone no. |  | | | | | |
|  | Email |  | | | | | |
| **Licensed Organisation details:** | | | | | | | |
|  | LO name | Dorset Council | | | | | |
|  | Contact name | Trish Walker | | | | | |
|  | Position | DofE Manager for Dorset | | | | | |
|  | Address | County Hall, Colliton Pk, Dorchester, DT1 1XJ | | | | | |
|  | Telephone no. | 01305224517 | | | | | |
|  | Email | dofe@dorsetcouncil.gov.uk | | | | | |
| **Informant’s details (if different from groups’ details):** | | | | | | | |
|  | Contact name |  | | | | | |
|  | Position |  | | | | | |
|  | Address |  | | | | | |
|  | Telephone no. |  | | | | | |
|  | Email |  | | | | | |
| **Casualty details:** | | | | | | | |
|  | DofE Award level | Bronze  Silver  Gold | | | | | |
|  | Section | Expedition  Volunteering  Physical  Skills  Residential | | | | | |
|  | Age |  | | | | | |
| **What happened and to whom?** | | | | | | | |
| **Details of any injuries sustained and to whom** | | | | | | | |
| **What has happened since?** | | | | | | | |
| **Suggested changes for review?** | | | | | | | |
| **Please email:** | | dofe@dorsetcc.gov.uk | | | | | |
| This information will be kept confidential and will be shared with DofE Ops and the Regional Office. | | | | | | | |
|  | |  | | | | | |
| **For internal use only** | | | | | | | |
| **Date received** | |  | | | | | |
| **Received by** | |  | | | | | |
| **Follow-up action** | |  | | | | | |

This is a reporting document; if you require a response please make that clear to Dorset. 