**Incident & near miss: Template report form**

**NOTES:** The following form is provided as a template only and must be customised as required by the youth work organisation. Youth work organisations should ensure that the form captures all information required for their specific needs and make necessary amendments. The form is designed to capture information and does not detail subsequent or associated actions that may be required, such as reviews or investigations.

Please note that the nature of the issue raised or being reported may necessitate differing follow-up protocols. For example a safeguarding concern may be reported differently to an illness or injury.

A report form such as this should contribute to, and be an integral part of, a robust protocol for reporting, responding to & learning from incidents and concerns.

**Incident & near miss report form**

|  |  |  |
| --- | --- | --- |
| This form is designed to report ALL significant incidents, as well as near misses or close calls. It should be completed by the worker who witnessed the incident, was most directly involved or who provided first aid if relevant. Once completed it must be submitted as per the organisation’s reporting protocols. |  | **REFERENCE NUMBER** |

|  |  |
| --- | --- |
| **Name & role of person completing this form:** | |
| **Programme name:** | **Date form is completed:** |

|  |  |
| --- | --- |
| **Event Category (please circle):**  *[e.g. MAJOR / SIGNIFICANT / MINOR - should link to organisational protocols]* | **Nature of event (please circle):**  *[e.g Medical / near miss / behavioural / missing person / loss or damage to property / data loss or breach - should link to organisational protocols]* |

|  |  |  |
| --- | --- | --- |
| **Incident Details:**  Date/ Time: | | Group name: |
| Names of person(s) involved:  Consider anonymising in sensitive cases where this will not negatively impact the ability to take immediate response actions: | | Nature of involvement:*(i.e. injured party, witness, alleged perpetrator etc)*: |
| Location of incident: | | Details of Conditions if relevant (e.g. weather): |
| Description of what happened and how it happened (continue on separate sheet if necessary):  *(N.B. Consider including 3rd party accounts of the event as an annex if applicable or helpful. Include the reference number on each accompanying account)* | | |
| **Outcome of event & immediate actions taken: tick box where relevant** | | |
| * Ambulance required? Y/N * Name of hospital / medical facility attended if applicable:      * Police/fire/rescue services attended? Y/N   Notes: | First aid treatment provided: and by whom | Medication given: |
| Any resulting change of plans or disruption to the programme, if applicable: | Disciplinary procedures enacted: | Were any immediate changes to risk management procedures made? |

**Line Manager comments** (actions taken / impact on rest of programme /external agency involvement /  initial lessons learned):

|  |  |  |
| --- | --- | --- |
| Signed By Author: | Name: | Date: |
| Signed By Line Manager: | Name: | Date: |

**For Office Use Only:**

|  |  |  |
| --- | --- | --- |
| Follow-up action required: | | |
| Action: | Due date: | Whom responsible: |
|  |  |  |
|  |  |  |