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**Incident Report Form**

As a Licensed Organisation or Approved Activity Provider you have committed in your licence 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’*.

Please fill in the form below and email it to [info@DofE.org](mailto:info@DofE.org) and your relevant **DofE Region/Country office** (the Region/Country Office where your LO is based).

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DofE Region (of LO):** | | |  | | | | |
| **Date of incident:** | | |  | | **Time:** |  | |
| **Type of incident:** | | | Accident  Behaviour  Illness |  | Lost  Near miss  Recurring injury | |  |
|  | | | Other  Please give details below | | | | |
|  | | |  | | | | |
| **Group / Approved Activity Provider details:** | | | | | | | |
|  | Group / AAP |  | | | | | |
|  | Contact name |  | | | | | |
|  | Position |  | | | | | |
|  | Address |  | | | | | |
|  | Telephone no. |  | | | | | |
|  | Email |  | | | | | |
| **Licensed Organisation details (if different from above):** | | | | | | | |
|  | LO name |  | | | | | |
|  | Contact name |  | | | | | |
|  | Address |  | | | | | |
|  | Telephone no. |  | | | | | |
|  | Email |  | | | | | |
| **Informant’s details (if different from above):** | | | | | | | |
|  | Contact name |  | | | | | |
|  | Position |  | | | | | |
|  | Telephone no. |  | | | | | |
|  | Email |  | | | | | |
| **Casualty details:** | | | | | | | |
|  | DofE Award level | Bronze  Silver  Gold | | | | | |
|  | Section | Expedition  Volunteering  Physical  Skills  Residential | | | | | |
|  | Name |  | | | | | |
|  | Age |  | | | | | |
| **What happened and to who?** | | | | | | | |
| **Details of any injuries sustained and to whom?** | | | | | | | |
| **What has happened since?** | | | | | | | |
| **Please email:** | | [info@DofE.org](mailto:info@DofE.org) and your DofE Regional/Country office | | | | | |
| **Or forward to:** | | Programme and Quality Manager  The Duke of Edinburgh’s Award  Gulliver House  Madeira Walk  Windsor  SL4 1EU. | | | | | |
| The DofE will keep this information confidential but will share it with the Licensed Organisation if it has been reported directly. | | | | | | | |

This is a reporting document. All incidents will be reviewed but you should not necessarily expect a response from the DofE.