



Accident Report Form

Please complete in full and follow the procedures detailed in the form

Name & Address of injured person:	Place of accident:
Time of accident:	Age:
Details of accident:	
Nature of injury received:	
Action taken by staff in light of accident:	
Who reported the accident? (Name and address if different to the above)	
Name & addresses of witnesses:	
What was the injured person doing at the time of the accident?	
Had they been instructed to do this?	
Name of member of TFF coach supervising at the time?	
Was the accident due to defective equipment or the facility, if so then please detail?	
TFF HQ advised: Yes / No (Contact: 0870 011 3733)	Date & Time
N.B: A copy of this form should be sent to: Tennis For Free 55, Thornhill Square, London N1 1BE. Remember to maintain confidentiality on a need to know basis only and do not discuss this incident with anyone other than those who need to know.	

Signature _____ Date _____

Witness _____ Date _____