(A copy to be kept safely at the ASSESSMENT CENTRE)

## Please ensure that this form is completed in full and that it is accurate for legal reasons. Should the person involved in the accident pursue further, this form may be required.

**All serious accidents must be reported immediately to the BHS Education Team. Your insurer should also be advised.**

The BHS Head of Health, Safety and Facilities is the 'Responsible Person' (under 'RIDDOR'), for reporting of ‘specified injuries’, fatalities, cases of incapacity, ‘reportable work-related illness’ and specific ‘dangerous occurrences’. Following investigation our insurer and HSE will be informed.

We ensure that the data protection rights of candidates are always respected. All Centres and Assessors are required to abide by the BHS Privacy Policy, as set out in their respective Data Processor Agreements.

**The Lead Assessor must return this as part of the online ‘lead assessor form’ within 48 hours of the assessment**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What are you reporting? \*Please delete as appropriate** | Accident / Near Miss | | | |
| **Assessment Centre** |  | | | |
| **Name of assessor/s present:** |  | | | |
| **Level of assessment** |  | | | |
| **Full name of proprietor(s):** |  | | | |
| **Date of accident/near miss:** |  | **Time of accident/near miss:** | |  |
| **Name of person involved:** |  | | **Age of person:** |  |
| **Address:** |  | | | |
| **Post code:** |  | | | |
| **Name of horse/pony:** |  | **Age of horse/pony:** | |  |
| **Sex:** |  | **Height:** | |  |
| **Owner of horse/pony:** |  | | | |
| **Address of owner:** |  | | | |
| **Post code:** |  | | | |

**Assessor report – Give a factual account of the accident/near miss.**

For the purpose of this form, the term accident will be used throughout.

Include photos of the accident location (after the accident) if available and upload with the form within the online ‘lead assessor form’

Location (paddock/indoor school etc., give marker letters if appropriate):

Exercise being undertaken at the time of the accident:

How long the ride/session had been in progress and exercises undertaken prior to the accident:

# Factual description of the accident, including details of the injury or damage sustained. Please give as much detail as possible including events/actions leading up to the accident and whether the horse/pony has any history of incidents in the past, together with any details (continue on separate sheet if necessary). A SKETCH PLAN drawn on the last page of this form showing position of other horses, people, equipment, gates etc. would be helpful.

If fallen at a fence, please state the fence number:

Comments of person involved immediately after accident:

If the person who had the accident was riding at the time (only ask these questions if you feel comfortable doing so, if not leave this blank):

Experience of the rider:

Occupation of the rider:

# Following the ‘Accidents at BHS Assessments Policy’, the rider is not permitted to remount.

Was the emergency contact for the person contacted? YES \ NO

Was medical assistance accepted? YES \ NO

Was a hospital or doctor involved? YES \ NO

If YES – which?

If the person involved was taken to a hospital or doctor how did this occur?

Did the candidate continue with any non-ridden elements of their assessment? If the person is Under 18 the authorisation to continue must come from their parent/carer/responsible adult.

Signature of casualty or parent/carer:...............................................…..........................................

Please list below names, addresses, telephone numbers and signatures of any witness(es).

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| --- | --- | --- | --- |
| **Name of person completing form** |  | **Signature** |  |
| **Position held** |  | | |
| **Date the form was completed** |  | **Time the form was completed** |  |
| **Lead assessor name** |  | **Signature** |  |

Subsequent developments including medical reports, if known.

# SKETCH PLAN