



ACCIDENT / INCIDENT FORM - BARNSELEY & DISTRICT U3A

Name of Injured Party	Telephone No.	Email Address or Address
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Names of Others Involved	Telephone Numbers	Email address or Address
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Date/Time of Accident/Incident	Location:
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Names / Phone Nos. of witnesses involved in the accident/incident:	

Nature of accident / incident:

Action taken in support of the individual:

Details of remedial action taken/required to prevent a further accident/incident

Was any specialised assistance required at the scene? If so give details

Was medical advice sought afterwards? If so give details

Name of Group Leader: **Telephone Number**

Signed: (injured party) **Signed:** (group leader)

Instructions All Group leaders should carry a copy of this form to all meetings, in case of need

- 1) Print the blank form.
- 2) Upon completion re-scan the form and file.
- 3) Forward the scanned file as an attachment to the Chairman for action.
- 4) The Equalities Officer should hold the original Form.