



INCIDENT REPORT FORM

This form should be used where an injury has occurred or a loss sustained through damage during u3a group activities. It must be filled in as soon after the incident as possible by a member of the committee, a group leader, or the property owner (if a u3a member) and should be retained on file by the u3a committee, in case of a claim, for a period of three years, even if a claim appears unlikely.

1 Details of the Person Making the Report

Name	
U3A Membership Number	
Position	
Email	
Telephone	
Address	
Postcode	

2 Incident Details

Date of incident	
Time of incident	
Where did the incident occur?	
Please state the reason for the injured person or damaged property being there	
Please describe the circumstances of the incident <i>Attach a sketch or photograph(s) if possible</i>	

3 Particulars of person(s) involved in the incident (continue on a blank page if necessary)

Name	Email
Address	
Postcode	Telephone
Was he/she a member of your U3A on the date of the incident? If yes, please include their membership number	
Name	Email
Address	
Postcode	Telephone
Was he/she a member of your U3A on the date of the incident? If yes, please include their membership number	

Sections 4 and 5 are to be completed for any incident involving injury.

4 Particulars of the injured person(s) (continue on a blank page if necessary)

Name	Email
Address	
Postcode	Telephone
Was he/she a member of your U3A on the date of the incident? If yes, please include their membership number	
Name	Email
Address	
Postcode	Telephone
Was he/she a member of your U3A on the date of the incident? If yes, please include their membership number	

5 Details of Injury

Describe the injury/injuries
Immediate action taken
Treatment at the scene
Admission to hospital
Ongoing medical treatment

Section 6 is to be completed for any incident involving damage to property

6 Details of Damaged Property

Describe damage caused	
Estimated cost of repair or replacement	
Name of owner of damaged property	
Email	Telephone
Address	Postcode

The remaining sections are to be completed for all incidents

**7 Name and contact details of any witnesses to the incident
(Get this information as soon as possible)**

8 Declaration

I/We declare that to the best of my/our knowledge and belief all the foregoing particulars are true and correct in all respects.	
Signed	Dated

Please sent the completed form to the Dunmow u3a Secretary together with copies to the Groups Coordinator and the Welfare Officer.

Issue Date: 10 June 2021