



Charity no:sco31477

EAST BERWICKSHIRE U3A
ACCIDENT / INCIDENT REPORT FORM

In the event of an accident OR a person becoming seriously ill, you are advised to contact the emergency services immediately (999 / 112). This advice is given regardless of any person present having a current First Aid qualification. This form must be completed as soon as possible after the event, using additional forms / extra sheets as necessary. Please use block capitals throughout.

1. Details of person(s) affected:

Name:

Address:

ICE number:
(Emergency contact)

Contacted? YES / NO

2. Details of other person(s) involved:

Name:

Address:

Telephone / e mail

3. Date & time of accident / incident:

4. Location:

5. Circumstances of accident / incident:

6. Details of injury to person / damage to property:

7. Details of witness(es): Name:

Address:

Telephone / e mail:

8. Details of action taken:

9. If medical advice was sought, please give details:

10. Name of Group Leader/ person completing form:

Signature:

Date & time:

11. Details of any follow up action required / carried out.

The completed form must be sent as soon as possible to the Group Coordinator EBU3A or another Committee Member if the Group Coordinator is not available. A copy should be retained by the person identified at (10) above.