



## Incident report form

### Category: Form

Please note that this form is to be filled in by a member of the committee, a group convenor, or the property owner and should be retained on file by the U3A committee in case of a claim and for a period of three years even if a claim appears unlikely.

### 1. Your details

|                  |  |
|------------------|--|
| <b>U3A</b>       |  |
| <b>Name</b>      |  |
| <b>Position</b>  |  |
| <b>Email</b>     |  |
| <b>Telephone</b> |  |
| <b>Address</b>   |  |
| <b>Postcode</b>  |  |

### 2. Incident details

|   |  |
|---|--|
| <b>Date of incident</b>   |  |
| <b>Time of incident</b>   |  |
| <b>Where did the incident occur?</b>  |  |
| <b>Please state the reason for the injured person or damaged property being there</b>                           |  |
|   |  |
| <b>Please describe the circumstances of the incident</b><br><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? |           |
| Name   | Email     |
| Address  |           |
| Postcode   | Telephone |
| Was he/she a member of your U3A on the date of the incident? |           |

*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? |           |
| Name   | Email     |
| Address  |           |
| Postcode   | Telephone |
| Was he/she a member of your U3A on the date of the incident? |           |

### 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

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

## 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 |

| u3a     | Doc u3a KMS-FRM-001– Role description<br>– Incident Report Form | The Third Age Trust |
|---------|---|---------------------|
| Version | Description of changes  | Date                |
| 2.0     | Updated formatting  | 23/11/2021          |
|         |   |                     |
|         |   |                     |
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