

**NEWPORT SHROPSHIRE U3A ACCIDENT/INCIDENT REPORT FORM**

*This form to be completed by the Group Leader or Group Member who witnessed the Accident or Incident or Problem and given to the Groups Co-ordinator within 2 weeks.  
In the case of an injury to persons/property, the Groups Co-ordinator will assist in completing the official U3A INCIDENT REPORT FORM*

<b>Day, date, time and location of Accident/Incident</b>
<b>Name, address, contact number of person/persons involved</b>
<b>Circumstances of Accident/Incident/Problem</b>
<b>Names, addresses, contact numbers of witnesses</b>
<b>Immediate action taken</b>
<b>Details of any specialised assistance required at the scene</b>
<b>Details of any further assistance/treatment at a later date</b>
<b>Any other important details relating to this report</b>

Further information to be written on the back of this form

**Name and contact details of Group Leader and/or Group Member completing the form**

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Signed..... Date.....

Signed..... Date.....

Received by Groups Co-ordinator..... Date.....