

Stanford le Hope and District u3a Incident Report 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.

A YOUR DETAILS

Stanford le Hope and District u3a	
Name	Position
Email	Telephone Mobile
Address	
Postcode	

B 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 appropriate</i>	

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C 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 Mobile	
Was he/she a member of your U3A on the date of the incident?			

Sections D and E are to be completed for any incident involving injury.

D 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?			

E DETAILS OF INJURY

Describe the injury/injuries
Immediate action taken
Treatment at the scene

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Admission to hospital
Ongoing medical treatment

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

F 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

G NAME AND CONTACT DETAILS OF ANY WITNESSES TO THE INCIDENT

H 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



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