

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 inju	red person or damaged property being there
Please describe the circumstances Attach a sketch or photograph(s) i	



### 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		



# Stanford le Hope and District u3a Incident Report Form

Admission to hospital

Ongoing medical treatment

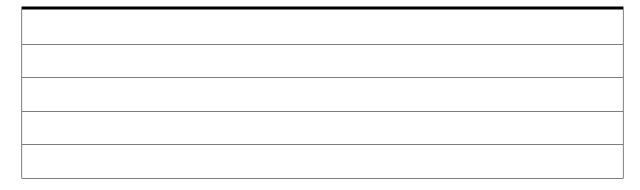
Section F is to be completed for any incident involving damage to property

#### 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



Stanford le Hope and District u3a Incident Report Form