

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

| | |
|------------|-----------|
| U3A | |
| Name | Position |
| Email | Telephone |
| 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> | |

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 |
| 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 |

| |
|---------------------------|
| Admission to hospital |
| Ongoing medical treatment |

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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

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| |
| |
| |

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 |