



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

| U3A | |
|-----------|--|
| Name | |
| Position | |
| Email | |
| Telephone | |
| Address | |
| Postcode | |

2. Incident details

| Date of incident | |
|-------------------------------|--|
| Time of incident | |
| Where did the incident occur? | |
| Please state the reaso | n for the injured person or damaged property being there |
| | |
| | |
| | |
| | rcumstances of the incident |
| Attach a sketch or photo | ograph(s) ii possible |
| | |
| | |
| | |
| | |





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 o | f the incident? |
| Name | Email |
| Address | |
| Postcode | Telephone |
| Was he/she a member of your U3A on the date o | f 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 yo | ur 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 – Incident Report Form | The Third Age Trust |
|---------|---|---------------------|
| Version | Description of changes | Date |
| 2.0 | Updated formatting | 23/11/2021 |
| | | |

