

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