

This form is to be completed following any incident where anyone is injured during a group activity or property is damaged. Please note that this form is to be completed by the group leader or a nominated leader of the group in the absence of a group leader. Information should be entered on the form as soon as possible after the incident. It should be sent to the Business Secretary and retained by the u3a for a minimum period of three years.

## 1 Your Details

<b>u3a</b>	
<b>Name</b>	
<b>Position</b>	
<b>Email</b>	
<b>Telephone</b>	
<b>Address</b>	
<b>Postcode</b>	

## 2 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**

Attach a sketch or photograph(s) if possible

### 3 Particulars of injured Person(s)

#### 3.1 Person No 1

Name	Email
Address	
Postcode	Telephone

Describe the injury/injuries
Immediate action taken
Treatment at the scene
Admission to hospital
Ongoing medical treatment

### 3.2 Person No 2

Name	Email
Address	
Postcode	Telephone

Describe the injury/injuries
Immediate action taken
Treatment at the scene
Admission to hospital
Ongoing medical treatment

#### 4 Details of damaged property

Describe the damage caused	
Estimated cost of repair or replacement	
Name of owner of damaged property	
Email	Telephone
Address	

#### 5 Name and contact details of any witnesses to the incident


## 6 Additional Information

## 7 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	Date