



## Incident report form

Please note that this form is to be filled in by a member of the committee, a group Leader, or the property owner and should be retained on file by the Formby U3A committee in case of a claim and for a period of three years even if a claim appears unlikely.

### 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

<b>Date of incident</b>	
<b>Time of incident</b>	
<b>Where did the incident occur?</b>	
<b>Please state the reason for the injured person or damaged property being there</b>	
<b>Please describe the circumstances of the incident</b> <i>Attach a sketch or photograph(s) if possible</i>	

**3. Particulars of person(s) involved in the incident (continue on a blank page if necessary)**

<b>Name</b>	<b>Email</b>
<b>Address</b>	
<b>Postcode</b>	<b>Telephone</b>
<b>Was he/she a member of your U3A on the date of the incident?</b>	
<b>Name</b>	<b>Email</b>
<b>Address</b>	
<b>Postcode</b>	<b>Telephone</b>
<b>Was he/she a member of your U3A on the date of the incident?</b>	

*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)**

<b>Name</b>	<b>Email</b>
<b>Address</b>	
<b>Postcode</b>	<b>Telephone</b>
<b>Was he/she a member of your U3A on the date of the incident?</b>	
<b>Name</b>	<b>Email</b>
<b>Address</b>	
<b>Postcode</b>	<b>Telephone</b>
<b>Was he/she a member of your U3A on the date of the incident?</b>	

## 5. Details of injury

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

*Section 6 is to be completed for any incident involving damage to property*

## 6. Details of damaged property

<b>Describe damage caused</b>	
<b>Estimated cost of repair or replacement</b>	
<b>Name of owner of damaged property</b>	
<b>Email</b>	<b>Telephone</b>
<b>Address</b>	
<b>Postcode</b>	

*The remaining sections are to be completed for all incidents*

**7. Name and contact details of any witnesses to the incident**


**8. Declaration**

<b>I/We declare that to the best of my/our knowledge and belief all the foregoing particulars are true and correct in all respects.</b>	
<b>Signed</b>	<b>Dated</b>