

HESWALL U3A Incident report form

This form should be filled in by the group leader or the person in charge of the activity and must be passed without delay to the Business Secretary who will retain it on file in case of a claim and for a period of three years even if a claim appears unlikely.

1 Details of the person filling in this form

Name	
Email	Telephone
Address & Postcode	

2 Particulars of person(s) involved in the incident (continue on a separate page if more than one person.)

Name	Email
Address	
Postcode	Telephone
Were they a member of Heswall U3A on the date of the incident?	

3 Incident details

Date and Time of incident
Describe what happened including location, weather and any third parties involved. (continue on separate page if necessary)

4 To be completed for any incident involving damage to property

Describe damage caused
Estimated cost of repair or replacement
Name, address, email and phone number of owner of damaged property

Now PTO to complete

5 Particulars of injured person & details of injury. – add page if more than one injured.

Name	email
Address	telephone
Were they a member of Heswall U3A at the time of the incident?	
Immediate action taken & treatment at the scene	
Describe the injury/injuries.	
Admission to hospital	
Ongoing medical treatment (if known)	

6 Name and contact details of any witnesses to the incident

7 Declaration

I declare that to the best of my knowledge and belief all the foregoing particulars are true and correct in all respects. Attached are additional pages.	
Signed	Dated