



#### **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 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 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 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 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?		





# 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



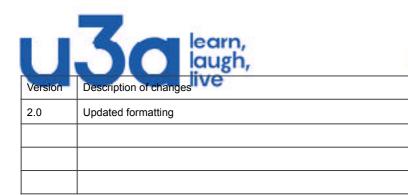
## 8. Declaration

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
-----	--	---------------------



Date

23/11/2021