

Winchester u3a Incident Report Form: Personal Injury

This form is to be filled in by a member of the committee or a group leader and should be retained on file by the U3A committee in case of a claim for a period of three years.

1. Your details

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 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

Name	Email
Address	
Postcode	Telephone
Was he/she a member of Winchester u3a on the date of the incident?	

Continue on a blank page if necessary

4. Particulars of the injured person(s)

Name	Email
Address	
Postcode	Telephone
Was he/she a member of Winchester u3a on the date of the incident?	

Continue on a blank page if necessary

5. Details of injury

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

6. Name and contact details of witnesses to the incident

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	Dated