

u3a learn,
laugh,
live

March

<https://march-cambs.u3asite.uk/>

Registered Charity Number 1172951

1 Group Name: _____

Name: _____ Position: _____
 Email: _____ Telephone: _____
 Address: _____
 _____ Postcode: _____

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)

First person name: _____ Email: _____
Address: _____

Postcode: _____ Telephone: _____

Was he/she a member of your U3A on the date of the incident? _____

Second person name: _____ Email: _____
Address: _____

Postcode: _____ Telephone: _____

Was he/she a member of your U3A on the date of the incident? _____

4 Particulars of the injured person(s):

Sections 4 and 5 are to be completed for any incident involving injury.

(continue on a blank page if necessary)

First person name: _____ Email: _____
Address: _____

Postcode: _____ Telephone: _____

Was he/she a member of your U3A on the date of the incident? _____

Second person 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:

6 Details of damaged property

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

Describe damage caused:

Estimated cost of repair or
replacement:

Name of owner of damaged
property:

Email:

Address:

The remaining two sections are to be completed for all incidents

7 Name and contact details of any witnesses to the incident

Use the reverse of this page for any continuation details.

Name: _____
Email: _____ Telephone: _____
Address: _____
& Postcode: _____

Name: _____
Email: _____ Telephone: _____
Address: _____
& Postcode: _____

Name: _____
Email: _____ Telephone: _____
Address: _____
& Postcode: _____

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.

Date	Print name	Signature