



Mapperley and District u3a 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 u3a committee in case of a claim and for a period of three years even if a claim appears unlikely.

1 Details of the Person Reporting the Incident

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иЗа	Mapperley and District u3a
Name	
Position (eg Group Leader)	
Contact Details (unless held	on Beacon)
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Activity taking place (e.g. Gr	roup Name)
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2 Incident details

Date of incident	Time of incident
Where did the incident occur?	
Please describe the circumstances of the Attach a sketch or photograph(s) if possible	

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Person Injured



3 Details of person(s) injured in the incident (reprint this page if necessary)

Complete this section to record any injuries suffered as a result of the incident

Contact Details (unless held on Beacon)
U3a Member? Yes / No If Yes, Member Number
4 Details of injury
Describe the injury/injuries
Describe any immediate action taken the scene including First Aid
Any further treatment at the scene. Any advice given to the injured party
Did the person require any ongoing medical treatment (eg referral to GP, A&E or Emergency Services
Any further injuries identified after medical treatment (if known)
4.1 Did the person resume the activity after the incident?

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Details of person(s) suffering damage to their property in the incident (reprint this page if necessary)

Complete this section to record the details of any damage suffered as a result of the incident.

Owner's Name		
Contact Details (unless held on Beacon)		
U3a Member? Yes / No	If Yes, Member Number	
6 Details of damaged prope	why c	

Details of damaged property

Describe damage caused	
Estimated cost of repair or replacement if applicable	

The remaining sections are to be completed for all incidents

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/	Name and contact details of any witnesses to the inciden
8	Actions Taken as a Result of the Incident
De	escribe any action taken proposed or taken to prevent a recurrence of the incident.
9	Declaration
То	the best of my/our knowledge and belief all the above details are true and correct.
Na	ame Date

The completed form should be emailed to the Groups Co-ordinator who will keep a file of untoward incidents.

Incidents will be reviewed at earliest opportunity at a committee meeting.

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