

## Incident Report Form

### Category: Form

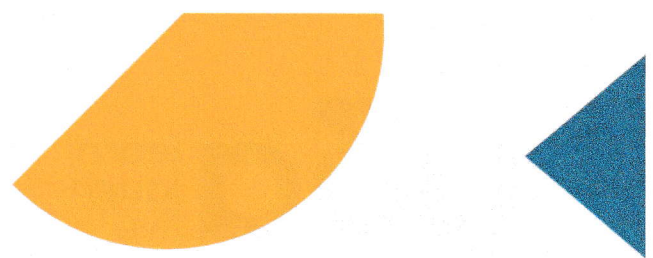
Please note that this form is to be filled in by a member of the committee, a group convenor, or the property owner and should be retained on file by the U3A committee in case of a claim and for a period of three years even if a claim appears unlikely.

### 1. Your details

<b>U3A</b>	
<b>Name</b>	
<b>Position</b>	
<b>Email</b>	
<b>Telephone</b>	
<b>Address</b>	
<b>Postcode</b>	

### 2. Incident details

<b>Date of incident</b>	
<b>Time of incident</b>	
<b>Where did the incident occur?</b>	
<b>Please state the reason for the injured person or damaged property being there</b>	
<b>Please describe the circumstances of the incident</b> <i>Attach a sketch or photograph(s) if possible</i>	



**3. Particulars of person(s) involved in the incident (continue on a blank page if necessary)**

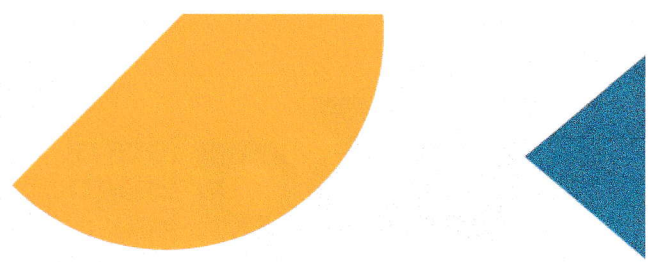
Name	Email
Address	
Postcode	Telephone
Was he/she a member of your U3A on the date of the incident?	
Name	Email
Address	
Postcode	Telephone
Was he/she a member of your U3A on the date of the incident?	

*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

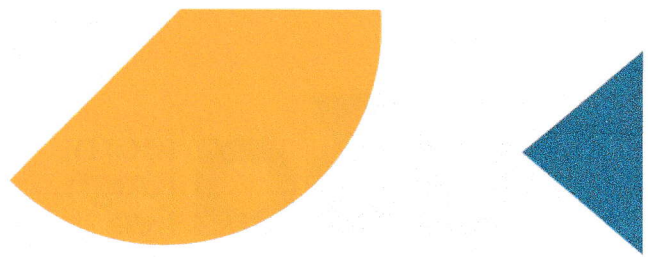
Describe the injury/injuries
Immediate action taken
Treatment at the scene
Admission to hospital
Ongoing medical treatment

*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

This policy was adopted on: 5<sup>th</sup> January 2026

Signed: *Jane Casworth* Committee role: *Chairman*

Print name: *Jane Casworth*

Policy review date: 4<sup>th</sup> January 2027

<b>u3a</b>	<b>Doc u3a KMS-FRM-001- Role description - Incident Report Form</b>	<b>The Third Age Trust</b>
Version	Description of changes	Date
2.0	Updated formatting	23/11/2021