



U3A ACT INC

ACCIDENT / INCIDENT REPORT

This report must be completed when any accident or incident involving a person has occurred in relation to any U3A course or activity, whether on U3A rented premises or elsewhere, and irrespective of whether an injury or illness is apparent as a result. The report must include sufficient details of the accident or incident and the surrounding circumstances. The report can be prepared by the person involved or another person who knows the facts (such as a witness to the event) and should be completed as soon as possible after the event. This report will provide ACT U3A with a record of the event in the case of any insurance claim arising from the accident or incident.

Date and time of accident/incident:
Name of person involved (including contact details if known):
Location of accident/incident:
Describe fully the nature of the accident/incident:
Describe any injury/illness as a result of the accident/incident:
What medical or other assistance, if any, was given following the accident/incident:
If possible indicate the names and contact details of at least 2 people who witnessed the accident/incident:
Name of the person preparing this report (please give contact details):
Date of this report:

If space is insufficient for any entry please continue on the back of the sheet.

Please forward the completed report to the U3A ACT Secretary, PO Box 5550, Hughes, ACT 2605