

**ACCIDENT/ INCIDENT FORM**

To be filled out in triplicate – copies to be given to the affected member, the Venue Manager, Sydney U3A Inc, Central Office. The affected Member may also be the person filling out the Report. If possible a witness should also sign the Report. Note: it is preferable that there are three signatories, however if the affected Member is unable to sign the report, two signatures – the Leader and the Witness are acceptable.

Date of Report.....

**Report filled out by Leader/Member**

Name:.....Membership Number (if applicable).....

Address .....

Suburb.....State.....Post Code .....

The following Member reports that an injury was sustained or a health issue occurred whilst attending a Sydney U3A class or event.

1. Member’s Name.....Membership Number .....

2. Member’s Address.....

Suburb.....State.....Post Code .....

3. Date of Accident/Incident.....Time of Accident/Incident .....

4. Address of Venue where Accident/Incident occurred.....

.....

.....

5. Description of Accident/Incident.....

.....

.....

.....

.....

.....

.....

.....

.....

6. Was an Ambulance called?.....Was Contact Person called? .....

7. **Signature of Affected Member** (if possible) .....

**Signature of Leader/Person Reporting the Accident/Incident** .....

8. Witness – I.....was a witness to the Accident/Incident and confirm that the above details are correct.

9. **Signature of Witness**.....Member Number (if applicable) .....

10. Address of Witness .....

Suburb.....State.....Post Code .....