



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.....