

Accident and Witness Report Form

This form should be used for the recording of all accidents, injuries and dangerous occurrences. The form should be completed as soon as possible after the occurrence. All details should then be checked by a member of the management team or Trustee. To comply with the data protection legislation personal details must be kept confidential.

Full name of person injured	
Home address	
Member, Carer, Volunteer, Trainer or member of public	
Date / Time of occurrence	
Place of occurrence	
Description of accident (Full description of the accident circumstances, including a description of any apparatus or equipment involved)	
Full description of any injuries suffered and treatment given	

I declare and confirm that as far as I am aware the above details including the description of the accident are true and complete	
Signature & Date	
Full Name	
Home address	
Member, Carer, Volunteer, Trainer	