

Goulburn Mulwarree U3a ACCIDENT / INCIDENT FORM

To be completed and copies given to:

- Affected member
- U3A Goulburn Mulwaree Inc. Office

Note:

- The affected member may be the person completing the report
- If possible a witness should also sign the report
- It is preferable that there are three signatories – Tutor, affected member, witness. If the affected member is unable to sign, Tutor and another witness will suffice.

Date of report:.....Time of report.....

Details of person completing report:

Name.....Membership no. (if applicable).....

Address.....

Suburb.....State.....Postcode.....

Signature.....

Details of accident or health issue sustained whilst person was attending a U3A Goulburn Mulwaree class or event:

1. Member's name.....
Membership no.
2. Member's address.....
Suburb.....State.....Postcode.....
3. Date of accident/incident.....
4. Time of accident/incident.....
5. Name & address of venue where accident/incident occurred
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6. Name of class/event.....
7. Description of accident/incident.....
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8. Apparent injury.....
9. Was an ambulance called? Yes / No
10. Was contact person notified? Yes / No
11. Name of hospital to which member taken.....

12. Name of medical practitioner.....

13. Name and address of witnesses:

- a)
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- b)
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- c)
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Please use the space below to provide any other relevant information.