

Dulwich Society Incident/Accident Report Form**Report Number –**

Details of person concerned; -

- Name -
 - Occupation -
 - Address – Postcode -
-

Person who completed this form;

- Name -
 - Occupation -
 - Address – Postcode -
-

Person concerned account of the accident or incident; –

- Date of accident / incident -
 - Time of accident / incident–
 - Room and place accident / incident occurred –
 - How did the accident / incident happen -?

 - If the person suffered an injury what was this-
-

Witness account the accident or incident; –

- Date of accident / incident -
 - Time of accident / incident–
 - Room and place accident / incident occurred –
 - How did the accident / incident happen -?

 - If the person suffered an injury what was this-
-

First Aid Provision; –

- Was first aid provided -
 - Name of first aider –
 - Address of first aider –
-

Were any of the following contacted; – Family/Parents/Carers, Police or Ambulance

What happened following the incident; – E.g. carried on with session, went home, went to hospital etc.

Classification; – Major / Injury or emotional shock requiring first aid, out-patient treatment, counselling, absence from work (number of days) / Feeling of being at risk or distressed

Does the person involved in the accident / incident consent to disclosing their detail if required – Yes/No

If this is a reportable incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, please confirm that this has been reported – Yes / No

Signature of person completing form: Date:

**When completed, please email this form to the Secretary, Dulwich Society, at:
secretary@dulwichsociety.com**
