

## Dulwich Society Incident/Accident Report Form

**Report Number:**

---

## Details of person concerned:

- Name:
- Occupation:
- Address: Postcode:

## Person completing this form:

- Name:
- Occupation:
- Address: Postcode:

## Person concerned's 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's 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?

## First Aid Provision:

- Was first aid provided?      Yes      No
- 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 /      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**

---