

This report must be completed when any accident or incident involving a person has occurred in relation to any U3A Knox course or activity, whether on home campus, rented premises or elsewhere, and irrespective of whether an injury or illness is apparent as a result. The report can be prepared by the person involved or another person who knows the facts (such as witness to the event) and should be completed as soon as possible after the incident. This report will provide U3A Knox with a record of the incident in case of any insurance claim.

Date .... / .... / ..... and time .....am/pm of accident/incident:

Name of person involved in accident/incident: .....

Membership Number: ..... Phone/Mobile: .....

Role of member at time of accident/incident: .....

Location of accident/incident: .....

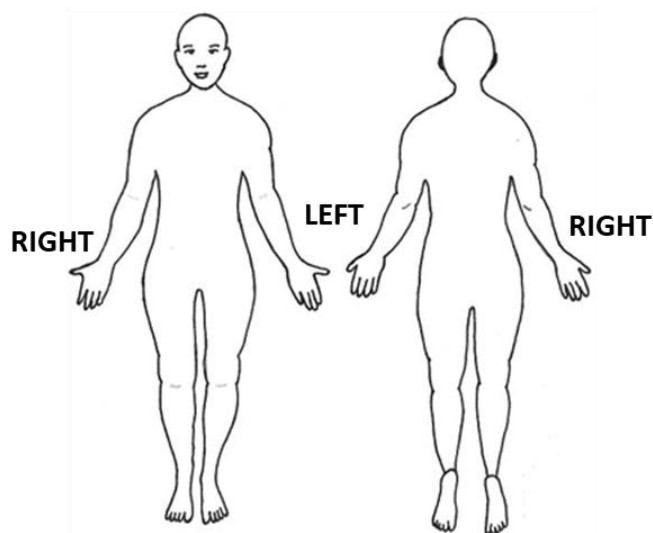
Describe as fully as possible the nature of the accident/incident: .....

.....  
.....  
.....

Describe any injury/illness caused by the accident/incident: .....

.....

**Draw circle on the diagram to indicate location of injury**



What first aid, medical or other assistance, if any, was given following the accident/incident?

.....  
.....

Was an Ambulance required: **Yes** **No**

**Witness Information:**

Name: .....

Membership Number: ..... Phone/Mobile: .....

Name: .....

Membership Number: ..... Phone/Mobile: .....

**Can you suggest any follow-up action to avoid this type of accident/incident in the future?**

.....  
.....  
.....

Person reporting accident/incident : .....

Membership Number: ..... Phone/Mobile: .....

Date of report: .... / .... / .....

Please submit this form to U3A office (attention Secretary) or email to [secretary@u3aknox.org.au](mailto:secretary@u3aknox.org.au)

**Office Use Only**

Date received .... / .... / ..... Incident Record Number: .....

Signed copy forwarded to person named on report. Date .... / .... / .....

Signed by Secretary: ..... Date .... / .... / .....