



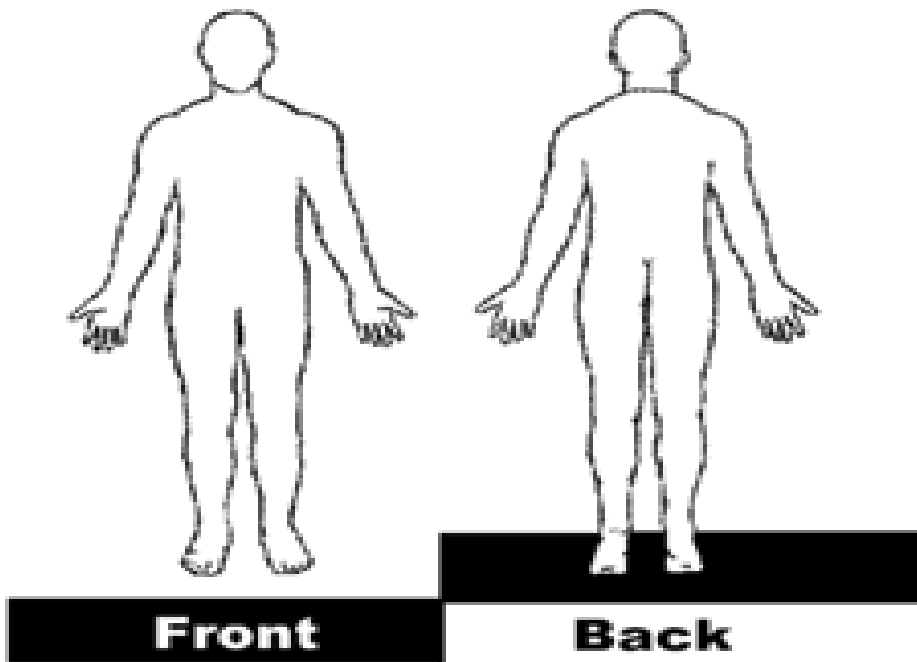
Central Gold Coast
UNIVERSITY OF THE THIRD AGE
(formerly U3A Broadbeach)

INCIDENT REPORT FORM

To be completed by the tutor taking the class/activity where the incident occurred as soon as possible after the incident. Please return the form to the U3A Central Gold Coast office.

Class name	Tutor present
Date of incident	Time of incident a.m/p.m
Name of person injured or involved: Address: Contact number: Mobile number: Is this person a financial member?	
Location of incident: <i>Venue or address</i>	
Type of incident: <i>If it is an injury, please fill out the reverse of this document</i>	
Incident details: <i>Brief description of how the event occurred. A more detailed account can be attached.</i>	
If an injury, first aid was performed by: Contact details:	Was an ambulance called?
Witness information: <i>Name and contact details</i>	

Draw a circle on the diagram below to indicate the location of the injury



Describe the details of the injury: *Size and severity of the injury, type of injury, etc.*

What treatment was given? *Ice pack, bandaging, cleaning and covering of wound, etc.*

Supplementary information: *This section can include a list of attachments, such as maps, witness statements, etc.*

Report by (print) _____

Sign _____

PERSONS TO BE INFORMED IMMEDIATELY:

Secretary of U3A Central Gold Coast

Date and time: _____

President of U3A Central Gold Coast

Date and time: _____

Tutor Coordinator of U3A Central Gold Coast

Date and time: _____