



U3A SUNSHINE COAST ACCIDENT/INCIDENT REPORT FORM

**Please note that for insurance purposes,
ALL accidents/incidents MUST BE REPORTED**

Please address all correspondence to:

The Secretary, U3A Sunshine Coast Inc
c/- University of the Sunshine Coast
MAROOCHYDORE DC Qld 4556

Date of accident/incident:

Place of accident/incident:

Time of accident/incident:

Name & address of person involved in accident/incident:

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Nature of injury/illness:

Was medical attention required and/or hospitalisation?

Name of witness to accident/incident:

Description of accident/incident; how & why it happened:

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Tutor to whom the accident/incident was reported:

Name of Tutor's class:

To whom was the accident/incident reported at the venue?

Name: Position:

What action is proposed to try to avoid this type of accident/incident in the future?.....

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Please supply any other relevant information:

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Signature of Injured Person (if available):

Signature of Witness:

Signed by Management Committee representative:

Noted in Accident/Incident Book: Date