



Incident Report Form

To be completed in the event of a health and safety incident involving one or more students.
This must be fully completed and passed on to a Rep as soon as possible please.

Group Name

Name of Individual(s) involved

Date of Incident

Time of Incident

Location of Incident

Full Details of Incident/Accident including who was involved

Name of Individual(s) receiving medical treatment (if applicable)

Give details of treatment received (if applicable)

Name and Contact Details of Doctor or Clinic (if applicable)

Name and Contact Details of any Witness(es)

Was the incident reported to: Senior Rep? Please give details

Could the incident have been avoided and/or measures be taken to avoid a reoccurrence?

Follow up action taken?

Form Completed By

Position/Status (e.g. Group Leader, Rep, Student)

Signed

Signed off by Head Rep

Action still required?