**Incident Report Form**

Please complete this form for all incidents, whether deemed minor, serious, a near miss, or if outside assistance was or was not required. The information supplied here is confidential.

This form should be completed by the person responsible for the activity. Please aim to return it to Perkins Slade Ltd within 10 days of the incident occurring. See accompanying notes for further information on how to fill in this form. Please use black ink and write clearly or fill in the form in electronically.

**If the incident is of a serious nature (see below) please report it at the earliest opportunity on 0121 698 8000**

### **1/ Club details**

|  |  |
| --- | --- |
| Name of Club | Area |
| Activity or event (e.g. walk, path clearance, campaign event, AGM) |
| No of participants at activity | Date of activity |

## **2/ Person responsible for activity**

|  |  |
| --- | --- |
| Forename  | Surname |
| Position/role |
| Address |
| Phone no | Mobile no |
| Email address  | Membership no (if applicable) |

**3/ Details of affected person**

|  |  |
| --- | --- |
| Forename | Surname |
| Gender | Date of birth |
| Address |
| Phone no | Mobile no |
| Email address |
| Club member? Yes/No | Membership no (if applicable) |
| Was medical attention sought? If yes, what treatment was received & for how long? |
| If injuries were sustained is a full recovery expected? |

**4/ Details of incident**

|  |  |
| --- | --- |
| Were emergency services called? Yes/No | Grid Reference (if appropriate) |
| Location & time of incident |
| What happened? Please give as much information as possible and use continuation sheet if necessary. |

### **5/ Witness** *(if more than one please list others in section 9)*

|  |  |
| --- | --- |
| Forename | Surname |
| Gender | Date of birth |
| Address |
| Phone no | Mobile no |
| Email address |
| Club member? Yes/No | Membership no(if applicable) |

### **6a/ Details of person making report *(if same as person named in section 2 go to 6b)***

|  |  |
| --- | --- |
| Forename | Surname |
| Position/role |
| Address |
| Phone no | Mobile no |
| Email address |
| Membership no (if applicable) |

**6b/ Extra information from person making report**

|  |
| --- |
| In your opinion is a claim likely to be made? |
| Is there anything else you would like to add? |
| Signature | Date |

## **7/ The following must be completed by a Club officer.**

|  |  |
| --- | --- |
| Name | Email address |
| Address |
| Phone no | Mobile no |
| Signature | Date |

**Please return to: Perkins Slade Ltd, 3 Broadway, Broad St, Birmingham, B15 1BQ**

*DATA PROTECTION ACT:*

*All information you provide on this form is treated by us as confidential and except to the extent required by law, we shall only use such information for the purposes of processing your claim. Information you provide may be forwarded to your Insurer for these purposes.*

**Continuation Sheet (if required)**

**8/ Please clearly list the question number you are continuing**

### **9/ Witness continued:**

|  |  |
| --- | --- |
| Forename | Surname |
| Gender | Date of birth |
| Address |
| Phone no | Mobile no |
| Email address |
| Club member? Yes/No | Membership no(if applicable) |

|  |  |
| --- | --- |
| Forename | Surname |
| Gender | Date of birth |
| Address |
| Phone no | Mobile no |
| Email address |
| Club member? Yes/No | Membership no(if applicable) |

Continue on blank sheets as required

**Accompanying Notes – How to complete the Incident Report Form**

**When to fill in the form**

Perkins Slade advises the reporting of all incidents, whether deemed minor or serious, no matter what the envisaged severity is or if emergency services were or were not required. This includes near misses - an incident may not necessarily involve personal harm or injury. Examples of incidents include a walk where someone has been injured falling off a stile, or tripped on a pavement, damage to property following a gate being left open or someone dropping a large stone on their foot whilst undertaking practical work. You should also report any referrals or other incidents in connection with our guidelines on safeguarding children or vulnerable adults.

Please fill in the form as quickly as possible after the incident and return it as soon as possible, and within 10 days maximum. Your Club should keep a copy too.

**How to fill in the form**

Please provide as much information as possible and use the continuation sheet if necessary. If you needed to contact any external agency other than the emergency services (for example the local authority child and family services) please give details under ‘What happened’? We request that contact details of at least one key witness are provided in case further investigation should be required. You may decide that due to the nature of the incident it is best to provide the details of a number of witnesses. If you are using the form to report a referral under the safeguarding guidelines for children of vulnerable adults, please do not record personal details of third parties on the form

**Serious incidents:**

If an incident of a serious nature has taken place please report it to Perkins Slade Ltd at the earliest opportunity on 0121 698 8000. A serious incident is defined as posing ‘immediate danger to life where outside help is required to resolve the incident’. This includes: incidents where 999 has been called, urgent medical help is required, urgent help is required to get the party/member to safety, evacuation of party/member by emergency services or death of a participant..