



## **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 .....