

<b>ABOUT THE INJURED PERSON</b>	
FULL NAME	
AGE	
ADDRESS	
POSTCODE	
TEL NO.	
TYPE OF PERSON	<b>Staff / Student Staff / Student / Visitor / Contractor / Nursery Child</b>
IF STAFF, STATE TIME DUE TO END SHIFT AND DEPT	
<b>ABOUT THE ACCIDENT/INCIDENT</b>	
DAY AND DATE OF INCIDENT	
TIME OF INCIDENT	<b>Am/pm</b>
TIME TREATMENT ENDED	<b>am/pm</b>
TYPE OF INJURY AND WHERE ON BODY	
WHERE THE INCIDENT OCCURRED IN UNION	
SEVERITY OF INJURY	<b>Low / Medium / High</b> (general assessment only)
WITNESS CONTACT DETAILS	(Please complete full details overleaf wherever possible)
NAME OF FIRST AIDER	
<b>DETAILS OF THE ACCIDENT / INCIDENT</b> (Include details of what the injured person was doing when the accident / incident occurred)	
<b>ABOUT THE TREATMENT</b> (Describe the treatment given; local first aid treatment only i.e. by the First Aider)	
WAS FURTHER MEDICAL TREATMENT REQUIRED?	<b>Yes/No</b>
WHERE WAS THE PATIENT SENT FOR FURTHER TREATMENT?	
SIGNATURE OF PATIENT IF REFUSED TREATMENT OR ADVICE TO ATTEND MED CENTRE/HOSPITAL	

**ALL COMPLETED ACCIDENT FORMS MUST NOW BE GIVEN IMMEDIATELY TO YOUR MANAGER OR SUPERVISOR.**

NAME OF MANAGER / SUPERVISOR	
SIGNATURE OF MANAGER / SUPERVISOR	
<b>DUTY MANAGER</b> - IS ACCIDENT REPORTABLE UNDER RIDDOR HSE REGULATIONS? (Copy/email to Jude Hoy please).	<b>Yes / No</b>
IF THE INJURED PERSON IS SENT TO HOSPITAL AND IS <u>NOT AN EMPLOYEE</u> OF THE UNION, PLEASE GIVE THE NAME OF UNIVERSITY SECURITY PERSONNEL TO WHOM A COPY OF THIS REPORT IS GIVEN	<b>Time Of Report To HSE:</b>

**MANAGERS/FIRST AIDERS – PLEASE PUT FULLY COMPLETED FORMS IN THE CLEAR WALL FOLDER OUTSIDE JUDE HOY’S OFFICE WITHIN 24 HOURS. Thank you.**

**WITNESS DETAILS**

WITNESS CONTACT DETAILS MUST BE GIVEN IN ALL CASES. Witness Statements should be obtained wherever possible.

<b>FULL NAME</b>	
<b>TEL NO.</b>	
<b>ADDRESS</b>	
<b>STATEMENT</b>	
<b>SIGNATURE</b>	
<b>DATE</b>	

<b>FULL NAME</b>	
<b>TEL NO.</b>	
<b>ADDRESS</b>	
<b>STATEMENT</b>	
<b>SIGNATURE</b>	
<b>DATE</b>	

<b>FULL NAME</b>	
<b>TEL NO.</b>	
<b>ADDRESS</b>	
<b>STATEMENT</b>	
<b>SIGNATURE</b>	
<b>DATE</b>	

<b>ADDITIONAL NOTES</b>