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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Accident Report Form** | | | | | | | |
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| **A separate form should be filled out for each person involved in the accident** | | | | | | | |
|  | | | | | | | |
| Once the form has been completed it should be sent/handed to the Safeguarding Officer for Refugees Welcome for safekeeping.  Please be aware that the information on this form is private and confidential and must not be sent via email unless it has been password protected and agreed by the Safeguarding Officer. | | | | | | | |
|  | | | | | | | |
| **Details of the person injured in the accident** | | | | | | | |
|  | | | | | | | |
| Name: |  | | | |  |
| Address 1 |  | | | | |
| Address 2 |  | | | | |
| Town |  | | City |  | |
| County |  | | Post Code |  | |
|  | | | | | | |
| Position/Role: | |  | | | |
| Department/Area: | |  | | | |
|  | | | | | |
| **Details of the person completing this form** | | | | | |
|  | | | | | |
| To be completed if you are filling out the form on behalf of the person injured in the accident. | | | | | |
|  | | | | | |
| Name: |  | | | |  |
| Address 1 |  | | | | |
| Address 2 |  | | | | |
| Town |  | | City |  | |
| County |  | | Post Code |  | |
|  | | | | | |
| Position/Role: |  | | | | |
| Department/Area: |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **About the accident** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| At what time did the accident occur: | | | | \_ \_ : \_ \_ am/pm | | | Date: | | \_ \_ / \_ \_ / \_ \_ \_ \_ | | | | |  | |
|  | | | | | | | | | | | | | | | |
| Where did the accident occur: (*Please include - Room / Address / Area*) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| How did the accident take place: (Please i*nclude the cause in known*) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Please give details of any/all injuries sustained by the person involved in the accident: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Please indicate if a risk assessment is required: | | | | | Yes | No | |  | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Disclaimer** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| If you are the person involved in. the accident please indicate if you are happy for your details on this form being disclosed to safety representatives and the trustees of Refugees Welcome | | | | | | | | | | | | | | | Yes |
| No |
| Signature: | |  | | | | | | | | | Date: | | \_ \_ / \_ \_ / \_ \_ \_ \_ | | |
|  | | | | | | | | | | | | | | | |
| **Official use (RIDDOR)** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| If the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations please complete this section. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| How was it reported: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Print Name: | | |  | | | | | | | Date: | | \_ \_ / \_ \_ / \_ \_ \_ \_ | | | |
|  | | | | | | | | | | | | | | | |
| Signature: |  | | | | | | | | |  | | | | | |