

ACCIDENT/INCIDENT REPORT FORM

This form should be completed by the injured person or, if that isn't possible, by a witness to the accident or injury. After completion, the form is CONFIDENTIAL and should be passed immediately to the Societies, Sports and Volunteering team.

If the injured party is someone other than a member of Birmingham City University or BCUSU staff, or a current student, their full address should be written in the relevant section below.

ABOUT THE LOCATION OF THE ACCIDENT

DATE OF ACCIDENT:

TIME OF ACCIDENT:

LOCATION OF ACCIDENT:

(if the accident occurred on a BCU campus, please include room number)

POSTCODE:

ABOUT THE INJURED PERSON

TITLE:

POSITION:
(please circle)

STAFF	VISITOR	PUBLIC
STUDENT	COACH	OTHER

FORENAME(S):

SURNAME:

STUDENT ID:
(if applicable)

PHONE:

EMAIL:

FULL ADDRESS:

POSTCODE:

ABOUT THE PERSON COMPLETING THIS FORM

(if the injured person is completing this report themselves, please skip this section)

TITLE:	<input type="text"/>	POSITION: (please circle)	<table border="1"><tr><td>STAFF</td><td>VISITOR</td><td>PUBLIC</td></tr><tr><td>STUDENT</td><td>COACH</td><td>OTHER</td></tr></table>	STAFF	VISITOR	PUBLIC	STUDENT	COACH	OTHER
STAFF	VISITOR	PUBLIC							
STUDENT	COACH	OTHER							
FORENAME(S):	<input type="text"/>								
SURNAME:	<input type="text"/>								
STUDENT ID: (if applicable)	<input type="text"/>								
PHONE:	<input type="text"/>	EMAIL:	<input type="text"/>						

ABOUT THE ACCIDENT/INCIDENT

DESCRIBE THE INCIDENT:

DESCRIBE THE INJURIES SUSTAINED:

TREATMENT REQUIRED:

NONE

FIRST AID

HOSPITAL