

NMBC ACCIDENT & INCIDENT REPORT FORM

About the person filling out this form:

Name	
Address	
Contact Phone Number	
Position	Church member Staff Visitor Contractor
Signature	

About the person who had the accident (where relevant):

Name	
Address	
Contact Phone Number	
Position	Church member Staff Visitor Contractor
Signature (if possible))	

If the person who had the accident is under 18, about the parent/carer (Where relevant)

Name of accompanying adult	
Relationship to child	
Address	
Contact Phone Number	
Signature	

Date and time of accident and/or incident:

Exact location of accident and/or incident:

Description of accident/incident (please give as full a description as you can, including how the accident happened and any treatment given)

If first aid was administered, give details of who administered it

What caused the accident and/or incident?

Space for additional notes

To be completed by the Church Office & the Care & Assurance Steering Group

Date/Time Notified:

Initial Actions (including RIDDOR report?)

Name:

Recommendations:

Name:

Care & Assurance Steering Group Review date:

Outcome:

Closure/Further Actions required:

