**PURPOSE AND USE:** This form is intended to be completed electronically, saved and e-mailed back to us at [safety@scouts.org.uk](mailto:safety@scouts.org.uk). This is an internal confidential document produced for the use of the Scouts Headquarters and Scout Insurance Services Ltd trading as Unity Insurance Services. **Responsibility for the completion of this important document should be entrusted to a suitable adult e.g. Commissioners, GSL, Group Chairmen etc**. The role of the Reporter is of the greatest importance and it requires guidance. Your attention is therefore drawn to the explanatory [Notes to Reporter](https://www.scouts.org.uk/volunteers/staying-safe-and-safeguarding/incidents-and-illness/emergencies-and-reporting/incident-reporting-form/).

**DATA PROTECTION:** This form is used to collect additional information relating to reportable incidents and is used to review and learn from incidents, provide support to members and process any claims as a result of the incidents occurring. The information contained within the form is used to review and learn from incidents, provide support to members and process any claims as a result of the incidents occurring. We do not share personal data provided in this form with any third parties except for the purpose of claims handling where applicable. For further detail on our retention periods please visit our [Data Retention Policy](https://www.scouts.org.uk/about-us/policy/data-retention-policy/).

**Section 1 – The injured person**

|  |  |
| --- | --- |
| **Name** |  |

|  |  |
| --- | --- |
| **Address** |  |
| **Postcode** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Email** |  |  | **Telephone** |  |
| **Date of Birth** |  |  | **Age at time of incident** |  |

|  |  |  |
| --- | --- | --- |
| **Known medical conditions** | Yes  No  If yes, please give details |  |
| **Medications being taken** | Yes  No  If yes, please give details |  |
| **Additional needs** | Yes  No  If yes, please give details |  |

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| --- | --- | --- | --- | --- |
| **Next of kin / parent / guardian** |  |  | **Relationship** |  |
| **Email** |  |  | **Telephone** |  |

**Section 2 – The incident**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of incident** |  |  | **Time of incident** |  |
|  |  |  |  |  |
| **Incident details** | Please describe;   * what happened immediately before the incident occurred, including what instructions were given; what actually happened; * The incident itself, including how quickly the incident developed; what factors might have contributed to the incident itself or to the severity of any injury; * what happened immediately after the incident; including what decisions were taken regarding diagnosis and what first aid treatment provided. * Was a First Aider present? Was an ambulance called? Were any other 3rd parties involved?   Please be objective with your assessment of whether a mistake may have been made either in the instructions given or in terms of assessing the suitability of the activity to the capabilities of the members of the party or to the location. | | | |
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| **Injuries and treatment** | Please provide a description of the injury as finally diagnosed by medical authorities and, if available, the details of the degree of expected recovery.  **IMPORTANT**: Was the initial diagnosis accurate, or did it transpire that the injury was more or less severe than first thought? | | | |
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**Section 3 – Activity details**

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| **Activity** | What activity or task was the injured party doing at the time of the incident? Please be as descriptive as possible. |
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| --- | --- |
| **Location** | Where did the activity take place? E.g. Group HQ, Camp site etc. Please provide address and details of who  owns/ manages the location for example the Scout Group, the local church etc. |
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| --- | --- |
| **Controls** | Please provide details of any Scout or external rules which the activity was subject to and include approval, permission and notification information. |
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| **Equipment** | Was equipment necessary and/ or used? |
| Yes  No  If yes, please give details including who owned the equipment and if any failures with the equipment occurred. | |

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| --- | --- |
| **Conditions** | Please describe the environment and conditions at the time of the incident. E.g. Was it indoors or outdoors, what was the flooring like, what was the lighting and weather like? |
|  | |

**Section 4 – People involved**

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| --- | --- |
| **Participants** | How many people were actually participating in the activity, (as opposed to spectating) excluding supervising adults? If this includes members of different sections please provide a breakdown. |
|  | |

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| --- | --- | --- | --- | --- |
| **Adults and supervision** | List what adults were involved, who was the Leader in Charge, Permit holders and activity leaders, helpers and other volunteers. If the activity included non-members who were providing activities please provide contact details. | | | |
| **Name** | | **Membership no (or contact**  **phone and email if not a**  **member)** | **Role** | **Relevant qualifications, permits or experience** |
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**Section 5 – Witnesses**

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| --- | --- | --- |
| List who was a witness to the incident and then provide a witness statement using the provided template. | | |
| **Name** | **Membership no (or contact**  **phone and email if not a**  **member)** | **Role** |
|  |  |  |
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**Section 6 – Learning and reporters comments**

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| **Learning** | Please provide details of any learning which has resulted from reviewing this incident. |
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| --- | --- |
| **Reporter comments** | Please use this space to provide any additional comments from the reporter which you think will help in understanding the incident. |
|  | |

**Section 7 – Insurance and claims**

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| --- | --- |
| **Personal accident and medical expenses** | Please tick here if the injured party wishes to pursue benefits under the Scout Association’s Personal Accident & Medical Expenses insurance policy. |
| Yes  No  If yes please provide details below of who should be contacted regarding the claim. | |

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| --- | --- | --- | --- | --- |
| **Name** |  |  | **Relationship** |  |
| **Email** |  |  | **Telephone** |  |

|  |  |
| --- | --- |
| **Other insurance** | Does the injured party have any other insurance policy that might be applicable to this claim? E.g. travel or personal injury plan insurance. If yes, please provide details.  Medical expenses incurred during a trip abroad should be recovered through your travel policy. |
| Yes  No  If yes, please provide policy number and company (if known) | |

**Section 8 – Declaration**

I confirm that this incident report accurately reflects the views of those involved in the activity and that, as far as I am aware, no information of any significance has been omitted.  (Please tick box)

|  |  |
| --- | --- |
| **Name** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role** |  |  | **Membership number** |  |
| **Email** |  |  | **Telephone** |  |