**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) along with the Incident Full Details Form. This is an internal confidential document produced for the use of the Scouts Headquarters and Scout Insurance Services Ltd trading as Unity Insurance Services. The statement should be completed as indicated. If the eyewitness is a minor, the statement should be taken in the presence of a parent or guardian who should also sign the statement.

**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 Protection Policy](https://www.scouts.org.uk/about-us/policy/data-protection-policy/).

**Section 1 – The injured person**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Person reference**  **number** | **PER** |

|  |  |  |
| --- | --- | --- |
| **Date of incident** |  |  |

**Section 2 – About the witness**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Membership no (if**  **applicable)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age at time of incident** |  |  | **Role** |  |
| **Email** |  |  | **Telephone** |  |

|  |  |
| --- | --- |
| **Statement** | The body of the statement should describe the event before, during and after the incident. |
|  | |

**Section 3 – Declaration**

I hereby confirm that the above information is correct and to the best of my knowledge no information of significance has been omitted.  (Please tick box)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name** |  |  | **Date** |  |
| **Completed in the presence of** |  |  | **Date** |  |
| **Relationship** |  |  |