

BNU INCIDENT REPORT FORM

Incidents / Accidents:

No issue: No Yes How many:

Yellow card: No Yes How many:

Red card: No Yes How many:

Injury: No Yes How many:

Please provide details of any injuries:

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Violent conduct (eg racial abuse / assault): No Yes

Please provide details of any violent conduct:

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In the case of any serious injury please call the SU office or member of staff immediately.

Bucks Students' Union: 01494 601 600

University (outside of 9am - 5pm): 01494 605 070 immediately to alert us to the incident.

BUCKS NEW UNI INJURY REPORT

Must be completed for every injury.

Location of injury (on the body):

Treatment on the pitch (please provide details):

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Hospitalisation: No Yes Which hospital:

Contact details of injured individual:

Name:

Phone number:

Email:

Contact details of injured individual's next of kin:

Name:

Phone number:

Email:

Statement:

Please give precise details of the incident, including what happened before, during and after (including detail of people involved, witnesses and action taken). If you need more space, please continue on the provided blank pages.

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Tick here if the statement continues on a separate sheet

If so, this is - Page 1 of

I confirm that I consent to my personal data being processed and stored. We take your personal data seriously and will always keep your details, and the information you provide, safe and secure, using them in accordance with our Student Data Privacy Statement (bucksstudentsunion.org/privacy).

I agree

I also confirm that I have gained consent from the individuals listed above, in submitting any next of kin details.

I agree

All the information contained within this report is accurate and correct to the best of my knowledge

PRINT:

SIGNED:

DATE:

