

Accident / Incident Report Form

Please complete this form for all accident/incidents, whether deemed minor or serious. All information will remain confidential and stored securely.

This form should be completed by the Walk Leader, signed by additional witnesses and returned to Health Walks Coordinator at walks@sasp.co.uk within 24 hours, along with the register and risk assessment for the walk.

Accident / Incident Details	
Location, Date and Time:	
Walk leader's name:	
Details of person injured or affected by accident / incident	
Full name:	
Phone number:	
Email address:	
Completed SHW registration yes/no	
Accident / Incident Information	
What happened? Please give as much information as possible:	
Injuries if applicable sustained:	
What action was taken e.g. further medical intervention required?	
Is the individual expected to make a full recovery?	
Name of walk leader completing form:	
Signature:	
Date:	
1st Witness Name:	
Signature:	
Date:	
OPTIONAL 2nd Witness Name:	
Signature:	
Date:	

Privacy Policy:

Sensitive personal data may be collected as part of any accident reporting on a group walk or organised event. This information may be shared with our insurance company in line with our legal and insurance obligations. When sensitive personal information is collected, we will take extra care to ensure your privacy rights are protected. Our full Privacy Policy for Health Walks can be found here www.sasp.co.uk/health-walks

January 24 reviewed February 25 updated April 26

