## **EDLASTON & WYASTON SOCIAL COMMITTEE**

## ACCIDENT RECORD FORM – WYASTON VILLAGE HALL

PLEASE COMPLETE THE FOLLOWING FORM for **ALL** ACCIDENTS at WYASTON VILLAGE HALL

1. ABOUT THE PERSON WHO HAD THE ACCIDENT		
FULL NAME:		
ADDRESS:		
POST CODE	Tel. / Mobile No.	
OCUPATION:		
2. DETAILS OF PEI	RSON REPORTING THE ACCIDENT	
FULL NAME:		
ADDRESS:		
POST CODE	Tel. / Mobile No.	
OCCUPATION:		
3. DETAILS OF THE DATE:	E ACCIDENT / INJURY TIME:	
WHERE DID THE ACC	IDENT / INJURY TAKE PLACE	
DETAILS OF ACCIDEN	NT / INJURY	
SIGNED:	DATE:	
4 When completes	I place femulated this form immediately	40.

4. When completed, please forward this form immediately to: Sarah Powlson (Booking Agent) The Cottage, MainStreet, Wyaston DE6 2DR or email <a href="mailto:wyastonvillagehall@gmail.com">wyastonvillagehall@gmail.com</a>

Version 1.0 07-11-23 Please Note: To comply with the Data Protection Act 1998 (DPA) personal details entered on this accident record form must be kept confidential.