

# Notification of Accident or Incident



This form should be completed by an adult member of Girlguiding as soon as possible after an accident or incident. Please complete the whole of the form and attach any relevant witness statements, forms or documents. This is not an insurance claim form - it is purely for notification. Please keep a copy of the form until receipt is acknowledged by HQ and then safely destroy it in line with GDPR.

If you have any queries about this form, please contact the Girlguiding insurance department via email [insurancesupport@girlguiding.org.uk](mailto:insurancesupport@girlguiding.org.uk) or via the helpline on **0845 260 1053**.

We collect your personal information to provide incident related support, process insurance claims and other legal purposes.

We may share your data with:

- Insurance companies
- Legal representatives
- Regional and local Girlguiding organisations

We process the data you provide under our legitimate interests of managing insurance on behalf of our membership.

For further information on how and why Girlguiding use your personal data, including how long we keep it, your rights, and how you can contact us, please read our full privacy notice at: [girlguiding.org.uk/privacy-policy/](http://girlguiding.org.uk/privacy-policy/)

## Injured person

Name \_\_\_\_\_ Membership number \_\_\_\_\_

If the injured person is not a Girlguiding member, please provide their details below.

Date of birth \_\_\_\_\_

Address

Telephone number \_\_\_\_\_ Email address \_\_\_\_\_

## Next of kin (if injured person is under 18)

Name \_\_\_\_\_

Relationship to injured person \_\_\_\_\_

Contact details

## Leader

Name \_\_\_\_\_ Membership number \_\_\_\_\_

Level name \_\_\_\_\_ Level number \_\_\_\_\_

## Accident details

Date and time of accident/incident \_\_\_\_\_

Event \_\_\_\_\_

Activity

Has a risk assessment been completed prior to the activity taking place? Yes  No

Location (address and contact person)

Size of group \_\_\_\_\_ Number of adults supervising \_\_\_\_\_

Was this a joint activity with the Scout Association? Yes  No

## Description of accident/incident

Please give a full description of the accident or incident, including the cause.

Type of injury \_\_\_\_\_

Treatment given (first aid, hospital etc)

Address of hospital or doctor if applicable

Result of injury (hospital stay etc)

## Signature of Leader

I understand and give explicit consent that the information I provide about myself and others named in this Notification, including any sensitive information such as health records, will be retained securely and will be shared with Girlguiding's insurers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please send the completed form to:

Insurance Department, Girlguiding, 17-19 Buckingham Palace Road, London SW1W 0PT

Tel: 0845 260 1053

Email: [insurancesupport@girlguiding.org.uk](mailto:insurancesupport@girlguiding.org.uk)