



Notification of accident or incident

The following accidents or incidents must be reported to the HQ insurance team.

Those resulting in:

- Significant injury and/or significant discomfort following an accident or incident.
- Damage to property.
- Incidents that involve acts of aggression or violence towards a member of staff or volunteer, including verbal abuse. If you have a safeguarding concern, follow our safeguarding policy and procedure and report to the HQ safeguarding team.
- Any potential insurance claims.
- Any significant near misses.

This form should be completed as soon as possible after a reportable accident or incident.

If nobody has been injured as a result of the accident or incident:

- Complete pages 2 and 3 of this form.
- Attach any relevant documents, such as your risk assessment and witness statement forms for anyone who witnessed significant damage to a building or property.

If anybody has been injured as a result of the accident or incident:

- Complete pages 2 and 3 of this form.
- Complete page 4 of this form once for each injured person. You can find this page as a separate document if you need to complete it more than once.
- Attach any relevant documents, such as your risk assessment and witness statement forms for anyone who witnessed the person(s) being injured.

This is not an insurance claim form – it is purely for notification. Please keep a copy of the form until receipt is acknowledged by the HQ insurance team and then safely destroy it in line with GDPR.

If you have any queries about this form, please get in touch with the HQ insurance team by emailing insurancesupport@girlguiding.org.uk or phoning **0845 260 1053**.

We collect your personal information to provide incident related support, process insurance claims, inform risk assessments and for 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 health and safety and 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-notice

Accident or incident details

| | | | |
|---|--|-------------------------------|-----------------------------|
| Date: | | Time: | |
| Location of accident: (including address) | | | |
| Event: | | | |
| Activity: | | | |
| Please include the level name and number as listed on GO for the level responsible for running the event where the accident or incident happened: | | | |
| Level name: | | | |
| Level number: | | | |
| Total number of adults and children present for the activity: | | | |
| Number of supervising adults present for the activity: | | | |
| Was this a joint event with the Scout association? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Had a risk assessment been completed prior to the accident or incident? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the risk assessment need to be amended as a result of the accident or incident? | | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |

* If yes, or you're not sure, get in touch with the HQ insurance team.

Description of the accident or incident

Please give a full description of the accident or incident, including the cause and brief details of injuries (if applicable):

| | |
|---|--|
| | |
| Was anyone injured as a result of the accident or incident? | <input type="checkbox"/> Yes** <input type="checkbox"/> No |

** If yes, please fill out the injured person section on page 4 for each injured person. You can find page 4 as a separate document if you need to fill it out more than once.

| | |
|---|---|
| How many injured person forms are attached? | |
| Was any damage done to the building or property as a result of the accident or incident? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide details below: | |
| | |
| If the accident or incident involved an injured person being taken to hospital and/or significant damage to building or property, were there any witnesses? | <input type="checkbox"/> Yes* <input type="checkbox"/> No |

* If yes, please ask each witness to each fill out a separate witness statement form.

Details of the person completing this form

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 insurers.

| | |
|---|--------|
| Name: | |
| Signed: | Date: |
| Membership number (if applicable): | |
| Contact details (if you're not a Girlguiding member): | |
| Email: | Phone: |

Please send the completed form, together with any injured person sections and any relevant documents by email to insurancesupport@girlguiding.org.uk

Or by post to:
Insurance department, Girlguiding, 17–19 Buckingham Palace Road, London SW1W 0PT

Injured person section

Fill out the details of the injured person. One section is to be completed for each person injured as a result of the accident or incident.

Injured person's details

| | | | |
|-------|--|-----------------|--|
| Name: | | Membership no.: | |
|-------|--|-----------------|--|

If the injured person is under 18, their main parent or carer will be contacted, so please make sure that GO is up to date.

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

| | | | |
|-----------------------------------|--|----------------|--|
| Full name: | | Date of birth: | |
| Postal address: | | | |
| Phone number: | | | |
| Email address: | | | |
| If under 18, name of next of kin: | | | |
| Relationship to injured person: | | | |
| Contact details: | | | |

Injury details

| | |
|---|--|
| Detailed description of injury sustained (including the part of body affected): | |
| | |
| Treatment given (including first aid and/or hospital treatment): | |
| | |
| Was the injured person taken from the scene to hospital for treatment: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name and address of hospital: | |
| Results of injury (for example, did the injured person need to stay in hospital overnight): | |
| | |