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 or via the helpline on 0845 260 1053.

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