In the event of an accident/ incident please notify us by calling our 24 emergency phone:   
+44 (0)7474 309240

GROUP DETAILS

As soon as is practical to do so, please also complete this form and email/text/whatsapp it to us:  
[travel@discover-education.co.uk](mailto:travel@discover-education.co.uk)  
We need to know as many details as possible so that we can respond and revise safety measures accordingly. Please keep this form with you whilst you travel, printed or digitally.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Booking Reference |  | Date |  |
| Group Name |  | | |
| Lead Teacher |  | | |
| Destination |  | | |

ACCIDENT OR INCIDENT DETAILS

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please tick as appropriate | Hazard | | | Near Miss | | Incident | | | Safeguarding Concern\* | |  |
| \*See DTWE [safeguarding policy and guidance >](https://www.discover-the-world.com/download/DTWE_Safeguarding_Policy_and_Guidance_2020.pdf). If the concern involves a student in the group, please advise the lead teacher; there is no need to advise DTWE so long as you are reassured this concern has been acknowledged. If your concern is regarding a DTWE supplier, member of the public in destination, or your concern is regarding the group’s staff, please complete this form informing DTWE. | | | | | | | | | | | | |
| Date of incident |  | | | | Time of incident | | | | |  | | |
| Location of incident |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Name(s) and age(s) of person(s) involved |  | | | | | | |  | | | | |
|  | | | | | | |  | | | | |
|  | | | | | | |  | | | | |
|  | | | | | | |  | | | | |
|  | | | | | | | | | | | | |
| Incident details – please provide as much detail as possible, including timings and events leading up to the incident |  | | | | | | | | | | | |
|  |  | |  | | | | | | | | | |
| Were emergency services called? | Yes | | No | | If yes, please provide details | | | | |  | | |
|  | | | | | | | | | | | | |
| Were you a witness? | | Yes  No at | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| Details of further witnesses | | Name | | | | | Contact | | | | | |
|  | | | | |  | | | | | |
|  | | | | |  | | | | | |
|  | | | | |  | | | | | |

INJURIES SUSTAINED (If none, leave this section blank)

|  |  |
| --- | --- |
| Description of injuries sustained |  |
| Was first aid given? | Yes  No |
| If yes, please provide details and by whom it was administered by |  |

MEDICAL TREATMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Was the person(s) involved sent to hospital? | Yes  No | Hospital address | |  |
|  | | | | |
| Name of accompanying person(s) |  | | | |
| Do you have a copy of the medical report? (If yes, please submit) | Yes  No | | | |
| Did the injured person(s) re-join the group? | Yes  No | If yes, when?  (Date & time) |  | |

COMPLETED BY

Please continue on a separate sheet if there is additional information.  
I sign to agree that the information provided is correct and true to the best of my knowledge

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Position |  |
| Signature |  | | |
| Contact Number |  | | |