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
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  |  |