



**West Wight Timebank is a community project
that operates under Action 4 Support CIC**

WEST WIGHT TIMEBANK

Accident Record

Date:

Name of person/s completing this form:
Date, location, time and description of Accident:
Description of any injuries and name of the injured person:
Name and contact details of Coordinator whom the accident was reported to:

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West Wight Timebank, Lavender Cottage, Main Road, Newbridge, Isle Of Wight,
PO41 0TX

Tel: 07872 304 294 Email: info@wwtb.org

Website: <http://action4support.co.uk/>

Action 4 Support CIC Company Number: 11307451





Date and time accident was reported / / am/pm	Entered in Accident Book? YES/NO	Did Timebank member receive First Aid? YES/NO	Did Timebank member attend doctor/hospital? YES/NO	Was Timebank member admitted to hospital? YES/NO	Was Timebank member taking part in an activity permitted by Timebank Insurance company and following Timebank's terms and conditions YES/NO
Name of witness(es)/bystander(s)					
Surname:		Initials:		Contact details:	
Surname:		Initials:		Contact details:	
GENERAL REMARKS (including action, if any, taken to prevent reoccurrence)					
WWTB Members Signature					
WWTB Coordinators Signature					

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