



CLCGB

Your journey starts here...

THE CHURCH LADS' AND CHURCH GIRLS' BRIGADE

ACCIDENT REPORT

To be completed and returned to National Headquarters **immediately**.

About the Injured Person

Name of Company _____ No. _____

1. Name of injured person (in full) _____

Date of birth _____ Position _____

BMS No. _____

Address

_____ Post Code _____

e-mail address _____

Contact number _____

About the Injury/Incident

2. Date of accident _____ Time _____

Place of accident _____

3. Full description of how accident occurred (*if extra space needed, please use a separate sheet*)

4. Nature of injuries (*please state whether severe or slight*)



Probable duration of incapacity _____

5. If doctor in attendance: Name _____

Address _____

Post Code _____ Tel No. _____

6. If taken to hospital, name and address of hospital

As: Outpatient In-Patient *(delete as necessary)*

About the person completing this form

7. Name and address of person in charge at time of accident:

Post Code _____ Tel No. _____

e-mail address _____

BMS No _____

Signed _____ Date _____

