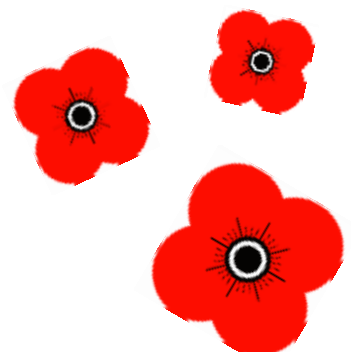




Revised October 2017

# **Poppyscotland Volunteer Charter - Annex D**

Kate Jenkins  
Volunteer Support Co-ordinator



## Poppyscotland accident report form

For assistance with completing this form please see the health and safety policy in the Poppyscotland Volunteer Charter.

<p><b>Personal details of person(s) involved in the accident</b></p>	<p>Name: Address:  Telephone: Sex: Age:</p>	<p>..... ..... ..... ..... ..... .....</p>
<p><b>About the accident</b></p>	<p>Date it took place: Time it took place: Where it took place:</p>	<p>..... ..... .....</p>
<p><b>About the accident - further details</b></p>	<p>What were you doing when accident occurred?</p>	<p>..... ..... .....</p>
<p><b>About the accident - further details</b></p>	<p>What happened?</p>	<p>..... ..... .....</p>
<p><b>About the accident - further details</b></p>	<p>Details of any injury/loss:</p>	<p>..... ..... .....</p>
<p><b>Statement</b></p>	<p>I certify that the statements made above correctly describe the accident.</p>	<p>Signed:..... Date:.....</p>

<p><b>Personal details of any witnesses (please attach separate sheet if more than one witness)</b></p>	<p>Name: Address:  Telephone:</p>	<p>..... ..... ..... .....</p>
<p><b>Written statement of witness (please attach separate sheet if necessary)</b></p>	<p>..... ..... ..... ..... ..... .....</p>	
<p><b>Details of volunteer organiser</b></p>	<p>Do you verify that the events described here occurred to the best of your knowledge?</p>	<p>Yes <input type="checkbox"/>  No <input type="checkbox"/></p>
<p><b>Statement</b></p>	<p>I verify the statements made.</p>	<p>Name:..... Signed:..... Date:.....</p>
<p><b>This report should be forwarded within 14 days of the date of the accident to:</b></p>	<p>Volunteer Development Co-ordinator Poppyscotland Unit 15 Claremont Centre 15-39 Durham Street Glasgow G41 1BS</p>	
<p><b>Date accident report form received</b></p>	<p>Date:</p>	<p>.....</p>



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