

# UNIVERSITY OF MANCHESTER – ACCIDENT FORM

This form is to be used by the casualty, or person on their behalf, to notify the School of an accident involving personal injury

It must be countersigned by a 'responsible person' (see below) and **sent immediately** to:

**Dr Jackie Platt, Head of School Administration, Manchester Medical School, Stopford Building, Oxford Road, The University of Manchester, Manchester M13 9PL** or via email to [jackie.platt@manchester.ac.uk](mailto:jackie.platt@manchester.ac.uk)

## A. INJURED PERSON DETAILS

*University Staff*

*University of Manchester Students* – provide term-time address, telephone no, email

Title: (e.g. Dr, Mr, Mrs etc)	Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Family Name:	Other Names:	
Address:	Job Title:	
	Staff number/Student ID number	
	Tel No:	
	Email:	
Status: Staff <input type="checkbox"/> Student <input type="checkbox"/>		
Is the injured person completing this form? Yes / No If No, please print your details below.		
Name:		
Tel No:		
Is English the first language of the injured person? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, what is the first language of the injured person? (This information is needed to help the University develop and target its health and safety training.)		

## B. ACCIDENT DETAILS

Date Accident Form Completed:	
Date of Accident (if different from above date):	Time :
Location of Accident:	

**DESCRIPTION OF ACCIDENT** Give full details of what happened and what the injured person was doing. If the incident involved a fall from height e.g. from ladder, down stairs etc, state how far the person fell.

Continue overleaf if necessary

**NATURE & EXTENT OF INJURIES** Indicate the type of injury & part of body e.g. fractured upper left arm, cut right index finger, etc.

**TREATMENT** Tick all relevant boxes

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> None        | <input type="checkbox"/> Occupational Health Service |
| <input type="checkbox"/> Self        | <input type="checkbox"/> Own General Practitioner    |
| <input type="checkbox"/> First Aider | <input type="checkbox"/> Hospital                    |

**ABSENCE**

- ☐ Returned to work/studies after treatment  
☐ Likely to be more than 3 days  
☐ Not yet known

**C. RESPONSIBLE PERSON** This form must be countersigned by the following: for **a) Staff** – Line Manager **b) Students** – Supervisor/Tutor;

Signed:	Name (Please Print):	
Position held:	Tel No:	Date:

**Data Protection Act 1998** – the information on this form is used for the purposes of investigation and securing the health, safety and welfare of people at work. It is held by Safety Services staff, and is supplied to departmental safety personnel and union representatives for the same purposes. Any queries about data protection issues should be addressed to the Head of Safety Services <http://www.healthandsafety.manchester.ac.uk/aboutus/contactus/>