

# **West Berkshire Shared Lives Scheme Incident/Accident Form**

When an incident or accident occurs it is important to record the details as soon as practically possible and inform the Shared Lives Team without delay.

## **Please inform the shared lives team if**

- **An accident or incident has happened**
- **The emergency services have been Called**
- **A service user has been hospitalised**



## About the person who had the accident / incident

Name:

Address:

Postcode:

Phone:

Carer

Service User

Placement type:

Fulltime

Respite

Day Support

## Details about the accident / incident

Date:

Time:

Where:

What happened:

Any injuries:

## Details of person reporting the accident / incident

Name:

Address:

Postcode:

Phone:

Role:

Email:

### Office use only

Is this accident reportable on CREST?

Yes

No

Is this accident reportable to CQC?

Yes

No

Is this accident reportable require a CQ1 form?

Yes

No

Is this accident reportable to West Berkshire Council Safeguarding?

Yes

No

SLO Name:

Signature:

Date: