



Witness statement

This form should be completed by any person who has witnessed an accident or incident involving Girlguiding members. The information will aid in the investigation of the incident and therefore should be completed as soon as possible after the event. Please submit this form, together with all relevant notification of accident or incident forms, by email to insurancesupport@girlguiding.org.uk or by post to Insurance Department, Girlguiding, 17–19 Buckingham Palace Road, London SW1W 0PT.

Name of witness:			
Membership number (if applicable):		Date of birth:	
Address:			
Email address:			
Level name:			
Level number:			
Name of event and/or activity			
County:		Country/region:	
Time of accident/incident:		Date of accident/incident:	

Please provide a statement on the next page.

Statement

Please include full details of the accident or incident, including photos, film and the names of those involved and any other details you think may be relevant or useful to any investigation.

Signed:

Date form completed:

We collect your personal information to provide incident related support, process insurance claims, inform risk assessments and for other legal purposes.

We may share your data with:

- Insurance companies
- Legal representatives
- Regional and local Girlguiding organisations

We process the data you provide under our legitimate interests of managing health and safety and insurance on behalf of our membership.

For further information on how and why Girlguiding use your personal data, including how long we keep it, your rights, and how you can contact us, please read our full privacy notice at:

girlguiding.org.uk/privacy-notice