|  |  |
| --- | --- |
| **Program details** |  |
| Name of Church Ministry |  |
| Ministry Leader’s name |  | Phone |  |
|  |
| **Accident details** |  |
| Location where accident occurred  |  |
| Address |  |
| Town |  | State |  |
| Date |  | Time |  | AM / PM |  |
|  |
| **Details of injured person** |  |
| Full Name |  | Male / Female |
| Date of Birth |  | Address |  |
| Phone  |  | Town |  | Post Code |  |
|  |
| **Description of Accident** |
| Did the accident occur travelling to or from an activity? | Yes / No |  |
| Did the accident occur during an authorised activity/normal program hours? | Yes / No |
| If yes, was the activity supervised? | Yes / No  | Supervisor’s name |  |
| If yes, what activity was in progress at the time of the accident? |  |
|  |
| Please write a description of how the accident happened (to the best of your knowledge) including relevant information such as warning instructions prior to the activity, weather conditions, and safety equipment being used. |
|  |
| Were there witnesses to the accident? | Yes / No | If yes, then please obtain the following: |
|  |
| **Witness details** | Where there is more than one witness please include personal details of the witness/es with the written report on the accident and attach it to this report. |
| Name |  |
| Address |  |
| Town |  | Postcode |  |
| Phone | BH |  | AH |  |
| Mobile |  | Email |  |
| *Please ask the witness/es to write down what they saw and attach it to this report*. |

|  |  |
| --- | --- |
| **First aid / assistance given and by whom, briefly detail** |  |
|  |
| 🞎 First aid / assistance given, continued attendance at activity  |
| 🞎 First aid administered & went home | Collected / Taken home by  |
| 🞎 First aid administered and further assistance arranged  |  |
|  |
| **Contacted** |
| 🞎 Parents / Guardian / Other | By whom |  | When |  |
| 🞎 Ambulance | By whom |  | When |  |
| 🞎 Police / Emergency services | By whom |  | When |  |
| 🞎 Taken to hospital | By whom |  | When |  |
| 🞎 Church leadership | By whom |  | When |  |
| **Parent/Guardian/Other informed of details of accident and action taken** |  |
|  |
| By whom |  | When |  |
|  |
| **Follow up action taken** |  |
|  |
| By whom |  | When |  |
|  |
| **Name of person completing this form** |  |
| Phone | BH |  | AH |  |
| Mobile |  | Email |  |
| Address |  |
| Signature |  | Date |  |
| *Please attach a copy of all paperwork given to the injured party for future reference.* |
|  | Information noted / action taken as required |
| Action taken |  |
| Signature |  | Date  |  |