|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | |  | | |