Incident Report Form

This form has been developed for Senior Citizens Clubs to report any incidents or injuries that may occur at your Club to assist with your record keeping.

As Seniors Citizen Clubs are included under the City of Ballarat Public Liability insurance, it is also important that Clubs notify City of Ballarat of any incidents that occur. Please email this completed form to your City of Ballarat contact (currently cathybushell@ballarat.vic.gov.au) within 24-48 hours of the incident (injury, incident or near miss) so that it can be recorded on City of Ballarat's Risk Management & Incident Reporting database.

For serious incidents immediately advise Ageing Well Officer, Cathy Bushell, on 0428 485 450.

Section 1 – Incident details

1.1 Brief incident information *(Details of persons involved)*

Date of incident:		**Time of incident:**	
Involved person – given name:		**Date of birth:**	
Involved person – surname:		**Site: e.g., Wendouree Seniors**	
Contact number:			
Location of incident:			
Incident description: ***(What was the person doing? How did the incident occur? What happened?)***			
Nature and extent of injuries:	**Nature of injury: (please circle)** Abrasion, laceration (cut), burn/scald, bruising, sprain/strain, fracture, foreign body, piercing, stress/anxiety, Other (please specify): **Part of body: (please circle)** Head, neck, face, eye, shoulder, arm, hand, finger, back, chest, abdomen, leg, knee, foot, general wellbeing, internal, Other (please specify):		

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	Mechanism of injury: (please circle) Inhalation, slip/trip, struck/hit, fall, crush, hit by moving object Other (please specify): **Please provide any other information here if needed:**
Treatment provided:	**Please outline treatment provided** e.g., First Aid, Medical, Other (please specify) **Treatment given by:** **Date:**

Witness (es)	**Name:**	**Contact details:**
Witness (es)	**Name:**	**Contact details:**
Incident reported to:	**Name:**	**Date reported:**

Incident statement acknowledgement *(Person providing details acknowledges the information recorded is true and correct)*

Name:	Signed:	Date:

Incident report receipt acknowledgement *(Person receiving incident report acknowledges receipt of the document.)*

Name:	Signed:	Date:	