



This form is to be completed by an adult witness or Leader whenever an incident or injury requiring first aid or secondary medical attention occurs (e.g. injury leading to person going to a medical centre).

The completed form should be returned to Basso Church, Administration Officer (Kerry Jacques) via email: [admin@bassochurch.org.au](mailto:admin@bassochurch.org.au)

### GENERAL INFORMATION

Name of injured person: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Names of parents/guardians (if under 18):

\_\_\_\_\_

Name of Leader supervising at time of incident:

\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of any other witness of incident:

\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### DESCRIPTION OF INCIDENT

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ am / pm

Location of incident (address, specific room/space):

\_\_\_\_\_

What was the person doing when the incident happened?

\_\_\_\_\_

Describe the incident (use additional pages if necessary):

\_\_\_\_\_

What area of the body was injured (i.e. right forearm bruised, deep scratch above left eye)?

\_\_\_\_\_



Was first aid given or some other action taken?

Name of First Aid attendant: \_\_\_\_\_ Phone: \_\_\_\_\_

Details of First Aid treatment:

Was the injured person taken to hospital/doctor as a result of the incident?

Name and address of hospital or medical centre:

To whom was the incident/injury first reported?

Date Report: \_\_\_\_\_ Reported by: \_\_\_\_\_

### ANY FURTHER ACTION

Is any further action recommended (e.g. do we need to take action to reduce hazard or prevent incident from recurring?)

If YES, please outline:

Person responsible for further action (if recommended): \_\_\_\_\_

Do I need to refer this to the Safe Ministry Representative (Alana Borgogno or Zalman Jacques):

### FORM COMPLETED BY

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Role: \_\_\_\_\_ Date: \_\_\_\_\_

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#### Office Use Only:

Further action to be taken: \_\_\_\_\_ If YES, details of referral for action: \_\_\_\_\_

Need to refer to Safe Ministry Representative: \_\_\_\_\_ If YES, date referral made: \_\_\_\_\_

Comments:

Form to be scanned and filed.