

ACCIDENT AND INJURY REPORT FORM

Personal Details

Title:	Surname:	Given Names:				
Current address:						
Suburb:		Postcode:		State:		
Home Phone:			Fax:			
Mobile Phone:			Email:			
Date of Birth:						
Is injured party a (✓):	Student:	<input type="checkbox"/>	Employee:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Accident / Injury Details

Date of Accident/ Injury:	Time:
Location:	
Type of Injury:	
How did the Accident/ Injury occur?	

Describe the treatment given and by whom? Was First Aid qualified person involved? Who?

Was patient referred to a Doctor/ Hospital? (If yes, give details)

Accident / Injury Witness (trainer and others)

Name of Witness:	Phone no:
Email:	
Type of Injury:	
Name of First Aider:	Phone no:
Email:	
Signature of Injured Person:	Date:
Signature of Witness:	Date:
Signature of First Aider:	Date:

The Accident or Injury must be reported to the Office as quickly as possible.

The completed form must be sent within 48 hours of the incident.