



WILLAMSTOWN CANNONS BASKETBALL CLUB INC
Registered No A0031670Z

INCIDENT / INJURY REPORT FORM

This form will need to be completed by the injured person, or their guardian, or by the coach or team manager. Please ensure all sections are fully completed before submitting to the club secretary (secretary@williamstowncannons.org.au or PO Box 872, Williamstown VIC 3016) as soon as possible after the incident. If there is insufficient space to answer a question, or should you wish to provide supplementary information, please attach additional sheets. Inclusion of the names of people and their details in this report will be treated in accordance with the Australian Privacy Principles found in the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

FULL NAME OF INJURED:		ADDRESS:	
TELEPHONE HOME:		SUBURB:	POSTCODE:
TELEPHONE MOBILE:		DATE OF BIRTH:	SEX:
DATE OF INJURY:		NAME OF TEAM/AGE GROUP/DIVISION:	
TIME OF INJURY:	PLEASE PROVIDE THE ADDRESS OF WHERE THE INJURY OCCURRED:		
...../...../..... am/pm		

UNDER WHAT CIRCUMSTANCES DID THE INJURY OCCUR:

Officially organised competition Officially organised practice Sanctioned social/fundraising event

Other (state what you were doing)

DESCRIBE YOUR INJURY:

DESCRIBE IN DETAIL HOW THE INCIDENT HAPPENED/INJURY OCCURRED:

STATE THE NAME OF ANY ONE WITNESS TO THE INCIDENT/INJURY:	ADDRESS OF WITNESS AND CONTACT NUMBER:
--	---

PROVIDE A BRIEF SUMMARY OF TREATMENT/ACTION TAKEN AT THE TIME OF THE INCIDENT/INJURY:

WAS MEDICAL TREATMENT REQUIRED BY A DOCTOR/OR HOSPITAL: YES NO

IF YES, PLEASE ADVISE THE NAME OF THE PERSON/HOSPITAL WHO GAVE YOU TREATMENT:

ADVISE WHEN YOU DID (OR EXPECT TO):

CEASE SCHOOL/NORMAL ACTIVITIES.....

CEASE TRAINING/PARTICIPATING IN BASKETBALL.....

RESUME SCHOOL/NORMAL ACTIVITIES.....

RESUME TRAINING/PARTICIPATING IN BASKETBALL.....

DESCRIBE HOW THIS INCIDENT/INJURY CAN BE PREVENTED IN THE FUTURE:

NAME OF PERSON COMPLETING THIS REPORT: DATE...../...../.....