Text

Description automatically generated

**This form should be completed for all incidents, regardless of whether or not medical treatment is given. This is not an insurance claim form. Once completed, a copy should be sent to the Chair and a copy should be retained and filed for future reference.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Details of Person Involved** | | | |
| **Name:** |  | **Netball ID:** |  |
| **Full Address:** |  | | |
|  |  | | |
|  |  | **Postcode:** |  |
| **Date of Birth:** |  | **Occupation:** |  |
| **Telephone:** |  | | |
|  |  | | |
| **Full Details of**  **Injuries:** |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
| **Treatment**  **Received:** |  | | |
|  |  | | |
|  |  | | |

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| --- | --- | --- | --- |
| 1. **Accident / Incident** | | | |
| **Event & Venue:** |  | | |
| **Location**  **within Venue** |  | | |
| **Date:** |  | **Time:** |  |
|  |  | | |
| **Description of Incident:** |  | | |
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|  |  | | |
| **To support your description, you may wish to complete a diagram on a separate piece of paper** | | | |

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| --- | --- | --- | --- |
| 1. **Details of Property Damage** *if applicable* | | | |
| **Property Owner’s Name:** |  | | |
| **Full Address:** |  | | |
|  |  | | |
|  |  | **Postcode:** |  |
| **Telephone(s):** |  | | |
| **Details of Damage:** |  | | |
|  |  | | |
|  |  | | |
|  |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Witnesses** *if available* | | | | |
| **Name:** |  | | | |
| **Full Address:** |  | | | |
|  |  | | | |
|  |  | **Postcode:** | |  |
| **Telephone(s):** |  | | | |
| **Name:** |  | | | |
| **Full Address:** |  | | | |
|  |  | | | |
|  |  | **Postcode:** |  | |
| **Telephone(s):** |  | | | |

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| 1. **Any Additional Comments** |
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| --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  |
| **Date:** |  | **Your Netball Role at this Event:** |  |