

**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:** |  |
|  |  |
|  |  |

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

|  |
| --- |
| 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):** |  |

|  |
| --- |
| 1. **Any Additional Comments**
 |
|  |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  |
| **Date:** |  | **Your Netball Role at this Event:** |  |