

NOTIFICATION OF ACCIDENT

This form is to be used for any accident that involves an injury to any Guiding Member, family member, contractor and visitor. Please click the cursor inside the box and type or print clearly with a black pen

Details of person injured

Full name:			
Address:			
Postcode:		Telephone number:	
Group & Section:			
Position/Role:		Date of birth:	/ /

Details of accident

When it happened, Date:	/ /	Time:	
Location: (including room if applicable)			
What happened: (give cause if known)			
Nature and location of injuries to casualty:	Nature of injury (eg burn, cut, sprain): Cause of injury (eg fall, grabbed by person): Location on body (eg back, left forearm): Agency (eg lounge chair, another person, hot water):		
Primary witness:	Name:		
	Phone: (H)		(W)
	Address:		

NOTIFICATION OF ACCIDENT

Treatment and follow-up

Treatment given: (list who provided the treatment and any first aid equipment used)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">First Aid given</td> <td style="width: 25%;">Yes</td> <td style="width: 25%;">No</td> <td style="width: 25%;"></td> </tr> <tr> <td colspan="4">First Aider name:</td> </tr> <tr> <td colspan="4">Treatment:</td> </tr> <tr> <td colspan="4">Referred to:</td> </tr> </table>	First Aid given	Yes	No		First Aider name:				Treatment:				Referred to:			
First Aid given	Yes	No															
First Aider name:																	
Treatment:																	
Referred to:																	
After the accident, the person involved: (tick as appropriate)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Continued activity</td> <td style="width: 25%;">Went home</td> <td style="width: 25%;">Went to see GP</td> <td style="width: 25%;">Hospital</td> </tr> <tr> <td>Transport: Car</td> <td>Taxi</td> <td>Emergency Ambulance</td> <td>None</td> </tr> <tr> <td colspan="4">Other location / transport :</td> </tr> </table>	Continued activity	Went home	Went to see GP	Hospital	Transport: Car	Taxi	Emergency Ambulance	None	Other location / transport :							
Continued activity	Went home	Went to see GP	Hospital														
Transport: Car	Taxi	Emergency Ambulance	None														
Other location / transport :																	
List any other actions taken / notes:																	

About you

Preferred Title:	Given Names:	Surname:
Address:		Date of Birth:
		Email:
State:	Postcode:	
Phone (BH):	Mobile:	
Phone (AH):	Fax:	
Membership No:		Expiry:

EXPLANATORY NOTES

If multiple people are injured please complete one form per casualty.

It is a requirement of our Public Liability Policy that all incidents are to be reported to our insurers as soon as possible and Leaders/Units are to use this form to notify State organisations of occurrences involving bodily injuries or damage to third parties' property.

Three copies of this form are to be completed as soon as possible after the incident—one to be held by the District Manager and the other two sent to the State Executive Officer. The State Executive Officer will send one of these copies to the Girl Guides Australia Office who will immediately notify the insurers.

Notes about public liability: the Girl Guides Australia Public Liability Policy indemnifies the organisation in respect of its legal liability for personal injury and for damage to the property of a third party. Liability can result from negligence that causes bodily injury. Liability can result from the organisation's property damage to the property of a third party. This form should be completed for all accidents that occur during Guiding activities.

Completed form to be forwarded to the State Executive Officer and District Manager.