



Presbyterian Church of Australia

in the State of New South Wales

Incident Report Form

For Completion at Time of Incident

This form is not to be given to anyone outside PCNSW.

If there is a serious injury or illness, a death or a dangerous incident, you must report it to SafeWork immediately on 13 10 50

CHURCH/SCHOOL/COMMITTEE:

Details of Injured Person

Name of Injured Person (if Third Party did not give name - provide description):

Address:

Status of Injured Person:

Approximate Age (years):

Details of Incident

1. When did the incident occur?

Date:

Day:

2. Staff / Committee member to whom injury/accident was reported:

Date reported:

Time :

AM

PM

How was injury reported?

3. Apparent nature of injury/damage:

4. Where did incident occur? Be specific: - attach site map and photographs, if possible).

5. Did the accident / incident occur travelling to or from an activity? Yes No

6. Did the accident / incident occur during an authorised activity or normal programmed hours? Yes No

7. If yes, was the activity supervised? Yes No

8. If yes, please provide the supervising leader's name:

9. If yes, what activity was in progress at the time of the accident / incident?



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10. a. Was the injured person doing voluntary work at the time of the accident? If yes, describe the type of work: Yes No
- b. Had a waiver been signed ahead of the accident? Yes No
11. Medical Assistance: Please select the most appropriate:
- No First aid was required
- First aid was administered and the person continued in the programme / to work
- First aid was administered and the injured person went home
- First aid was administered and the person was taken to hospital
- First aid was administered and an ambulance was called
12. Name of any witnesses: (Contact Details Required – Names, Addresses and Phone Numbers):
13. Relationship of witness to the injured person:
14. Is another party / organisation involved? (Please provide details)
15. Outcome anticipated: (Including whether you think the injured party left satisfied or do you think we will hear from them again?):

Name of Person Making the Report:

Position:

Church/School/Committee:

Signature:

Date:

Email:

Phone:

Please email the completed form together with the Investigation Report Form to the Insurance Department. Email: insurance@pcnsw.org.au.