Accident/Injury Report Form

To report an accident or injury of a Club player **either during a match or at training**, please provide the following information. Once completed, this form should be submitted to a Committee member irrespective of whether a claim for insurance will be made. Refer to the instructions on the back of this form regarding the process for claiming for insurance.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of accident/injury: | Time: | | Location: |
| Name of player injured: | | | |
| Injury type: (E.g. Cut, Abrasion, Sprain, Break) | | Body part(s) injured: | |
| Description of accident: | | | |
| Any contributing factors: | | | |
| Names of any witnesses: | | | |
| Was first aid administered?  No  Yes  If yes, provide details: | | | |
| Were any of the following contacted?  No  Yes  Ambulance  No  Yes  Parent/Guardian/Carer  No  Yes  Doctor  If yes, provide details: | | | |
| Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (of person reporting the accident/injury)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Coach/Umpire/Parent)  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

For SFCNC Use Only Updated 2019

**Process for Insurance Claim**

1. Complete the SFCNC Accident/Injury Report Form
2. Ensure SFCNC Committee are aware of accident/injury by providing a copy of the form to them
3. Access Netball Victoria website at <http://vic.netball.com.au/membership/insurance-willis-australia/> for details regarding insurance claims
4. Complete the appropriate forms for Netball Victoria and submit

Any queries, please email playnetball@sfcnc.org.au