



ACCIDENT/ INCIDENT REPORT

This form is a legal document and should be treated as such. Please fill in all details and answer questions as accurately as possible.

Please copy the completed original and provide it to the Ausdance ACT Manager.

PROJECT TITLE:

DATE & TIME OF PROJECT:

VENUE:

TUTOR/S NAME:

YOUR NAME:

1. PERSON/S INVOLVED IN ACCIDENT/INCIDENT:

2. TIME OF THE ACCIDENT/INCIDENT:

3. LOCATION OF ACCIDENT/INCIDENT:

4. HOW DID THE ACCIDENT/INCIDENT OCCUR?

5. INJURIES SUSTAINED:

6. WHAT ACTION WAS TAKEN? eg first aid administered, parents contacted, ambulance called etc?

6a) WERE THERE ANY WITNESSES? YES / NO

b) WHO WERE THE WITNESSES? Please include names and contact numbers.

Note: In severe accidents/incidents (ie ambulance attendance or hospitalisation witnesses will have to supply a written statement before leaving the workshop)

7a) THE PARENT/GUARDIAN WAS NOTIFIED OF THE INJURY/INCIDENT:

- by telephone
- in person when child was collected

b) DATE & TIME OF NOTIFICATION:

c) PARENT/GUARDIAN NAME:

d) PARENT/GUARDIAN SIGNATURE:

8. ANY OTHER DETAILS:

YOUR SIGNATURE:

DATE: