***This form should be completed when a VIEW Member is injured while attending a VIEW Club meeting or while at a TSF workplace.*** *The completed form should be emailed to the National Manager, VIEW, as soon as possible, but in any case within 48 hours of injury. (view@thesmithfamily.com.au)*

|  |  |
| --- | --- |
| Please tick box | **Section A :** The injured person is to complete (or Manager / Team Leader / attending First Aid Officer if injured person unable to).  To be completed within 24 hours of when an injury is sustained. |
| **Section B** : Manager to complete (Check Section A also)  To be completed within 48 hours of when an injury is sustained. |

### **SECTION A:** To be completed by the injured person (or Manager / Team Leader / attending First Aid Officer if injured person unable to) - contact Team Leader

## DETAILS OF INJURED PERSON

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname | Click here to enter text. | | First Name: | | Click here to enter text. | |
| Address | Click here to enter text. | | | | | |
| Suburb | Click here to enter text. | | Postcode | Click here to enter text. | Date of Birth | Click to enter a date. |
| VIEW Club | | Click here to enter text. | | | | |

### Details of person completing form (if other than injured person)

|  |  |  |  |
| --- | --- | --- | --- |
| Surname | Click here to enter text. | First Name: | Click here to enter text. |
| Telephone: | Click here to enter text. | Email | Click here to enter text. |

## DETAILS OF ACCIDENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of injury | | Click to enter a date. | Time of injury | Click here to enter text. |
| Place of Injury (location eg home address) | Click here to enter text. | | | |
| Nature of injury (e.g. strain, laceration) | Click here to enter text. | | | |
| Part of body injured (e.g. left leg, right thumb) | Click here to enter text. | | | |
| How did the injury occur? | Click here to enter text. | | | |

## DETAILS OF TREATMENT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Treatment given | Click here to enter text. | | | | |
| Name of person providing first aid | | Click here to enter text. | | Position | Click here to enter text. |
| Referrals for further treatment (e.g. nurse, doctor, ambulance) | | | Click here to enter text. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date : | Click to enter a date. |
| of injured person (or person completing form if injured person unable to) | | | |

### **SECTION B**: To be completed by a VIEW Club Representative (Club President or Secretary etc.)

## DESCRIPTION OF ACCIDENT

In addition to above (e.g. more details available, property or equipment damage, services interrupted, nature of damage, witnesses, other contributing factors). Please write N/A if no further comments

|  |
| --- |
| Click here to enter text. |

## ACTION TAKEN / PROPOSED TO PREVENT RECURRENCE

|  |
| --- |
| Click here to enter text. |

**Club Representative**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** : |  | Date : | Click to enter a date. |

# ACCIDENT and INJURY REPORTING STEPS

|  |  |
| --- | --- |
| **STEP** | **ACTION** |
| **1.**  **Medical attention** | * If required, ensure appropriate medical attention is sought from the first aid officer, a doctor or the hospital |
| **2.**  **Report the injury** | * Inform appropriate VIEW Representative on site (ensuring your Club is advised), Smith Family Representative (Team Leader/Manager) or Venue representative |
| **3.**  **Record injury** | * Download Accident/Injury report (http://view.org.au/resources/forms/) complete within 24 hours. (This should be done by Manager / Team Leader / attending First Aid Officer if injured person unable to) * Send/Hand copy to VIEW Club Representative (Club President, Secretary, etc) for completion of Section B and forwarded to VIEW National Manager within 48 hours (view@thesmithfamily.com.au) * VIEW National Office to forward to Insurers for their review on receipt from VIEW Club. Response from insurers will be provided in due course. |
| **4.**  **Investigation** | * Record hazard that was the cause of the accident or injury on the Risk Register (if appropriate). * Conduct accident investigation * Take steps to assess and control the hazard * Forward report to National Manager VIEW Clubs of Australia |

If you have any questions about injury reporting or injury management please contact the National Manager, VIEW Clubs Australia (view@thesmithfamily.com.au).