

Incident Report Form

Please submit completed form as soon as possible to CVI at: admin@calisthenics.asn.au
Should you have any questions/queries, or need any help completing this form,
please call 03 9562 6011



Calisthenics Victoria Inc.

1. Incident Details (PLEASE PRINT CLEARLY)

Event Name/Description:		Location/Venue Name:	
Specific Area where incident occurred:		Incident date:	Incident time:
Full Name of Person Involved/Injured:		<input type="checkbox"/> Female <input type="checkbox"/> Male	Contact details: Phone: _____
Person type:	<input type="checkbox"/> Adjudicator	<input type="checkbox"/> Parent	Postal or email address: _____ _____ Parent/Guardian Name (if under 18): _____ Club: _____
	<input type="checkbox"/> Coach	<input type="checkbox"/> Participant	
	<input type="checkbox"/> CVI Employee	<input type="checkbox"/> Volunteer	
	<input type="checkbox"/> Member of Public	<input type="checkbox"/> Other: _____	
Incident Type:	<input type="checkbox"/> Injury or illness	<input type="checkbox"/> Incident	<input type="checkbox"/> Near Hit/Near Miss

Describe what happened:

2. Injury / Illness Details (PLEASE PRINT CLEARLY)

Treatment Type:	<input type="checkbox"/> No Treatment	<input type="checkbox"/> First-Aid Treatment	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Treatment Refused
Brief description of injury/illness:				
Where on the body is the injury?:				<input type="checkbox"/> Left <input type="checkbox"/> Right
Detailed description of what caused the injury?:				

3. Post Incident Details (PLEASE PRINT CLEARLY)

What immediate actions were taken following the Incident?				
Emergency Services Called?	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Fire Brigade	<input type="checkbox"/> Police	<input type="checkbox"/> N/A
Name of witness/es:	Name:	Contact No.:		
	Name:	Contact No.:		
Reported by:	Date:	Club/Committee:	Contact Number:	
CVI Office Use Only:	Enter into CVI Register <input type="checkbox"/>	Incident ID No.:	Claim Form Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	