

Level 3, 60 Leicester St, Carlton Victoria 3053 t. (03) 9347 5188 f. (03) 9347 5199 e. vnpa@vnpa.org.au w. www.vnpa.org.au ABN 34 217 717 593

## **VNPA INCIDENT REPORT FORM**

Name	
Full name:	Date of birth:
Address:	
Contact number:	Email:
$\Box$ I was involved in the incident $\Box$ I witnessed the incide	nt $\Box$ I was at the scene but did not witness the incident
<b>Relationship to VNPA:</b> ☐ Staff ☐ Volunteer ☐ VNPA Me	ember 🗆 Visitor 🗀 Other (Specify):
<b>Details of incident</b>	
Activity:	Activity leader/supervisor:
Location of incident:	Time & date of incident:
Brief description of the circumstances leading up to the incident (nature of the activity, weather at the time of the incident, number of participants, any witnesses to the incident, etc)	
Brief description of the incident :	
Brief description of injuries/damage/loss that occurred:	
Action taken (at the scene of the incident):	Was first aid provided: ☐ Yes ☐ No
,	First Aider:
	Did an emergency service attend the scene? (Tick as appropriate)
	☐ Police – Incident Report Number
	☐ Fire (MFB or CFA)
	☐ Ambulance
	☐ State Emergency Service
	□ Doctor
Was medical attention sought following the incident? $\Box$ Y	es 🗆 No
☐ Hospital – (Specify) ☐ Doctor(GP) ☐ Other(Specify)	
Please provide details, if required.	

In your opinion, why did the incident occur/what factors contributed?	
in your opinion, why did the incident occur/what factors contributed?	
In your opinion, what action could be taken to prevent such an incident being repeated?	
In completing this form, you confirm that the information provided is true and correct.	

If you wish to provide any further information or a personal statement - please attach to this form.

Complete and return this form to the VNPA:

Post:

Private & Confidential
Finance & Operations Manager
Level 3, 60 Leicester Street
CARLTON VIC 3053

OR

<u>Email</u>:

incidents@vnpa.org.au

All incidents should be reported to the appropriate coordinator ASAP. Serious incidents must be reported to the VNPA Office:

- verbally on 9341 6500 within 48 hours of the incident and
- in writing (Incident Report Form) within 7 days.

 ${\it Examples of serious incidents include:}$ 

- An injury requiring medical or dental treatment from a health professional (e.g. doctor, dentist, medical practice, hospital). This does not include treatment of minor injuries by a qualified first aid officer.
- An incident that results in the attendance of emergencies services including police, ambulance, fire, SES, Bush Search & Rescue, or similar.
- An incident that results in property damage or loss.
- A motor vehicle accident.
- Any serious misconduct including violence, abuse, neglect, discrimination or harassment.