

# Incident Report Form



Incident reference number: (Office Only)

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The incident resulted in:  Injury to a BTC member  Injury to a court hire  Injury to a visitor.

**Personal details (of injured):**

Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Initial \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Male  Female

Date of birth: DD / MM / YY

A:  Committee:

Competition player:

Contractor:

General Public:

Hospital Information:

Address of hospital: \_\_\_\_\_

Additional Details \_\_\_\_\_

**Incident details:**

Date incident occurred: \_\_\_\_\_

Time incident occurred: \_\_\_\_\_

Where did the incident occur? (Please specify)

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What was the nature of, and injury resulting from, this incident?  
(Please explain in your own words what had happened)

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Was first aid or further treatment required?  Yes  No

Were there any witnesses?  Yes  No

Was the ambulance called?  Yes  No

Name of witness/es: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Position: \_\_\_\_\_ Contact details: \_\_\_\_\_

Signature of person completing report: \_\_\_\_\_

Name of person completing report: \_\_\_\_\_

Date: DD / MM / YY

**A copy of this report is to be emailed to Beaconsfield Tennis Club immediately.**

**Email: [info@beaconsfieldtennisclubinc.com](mailto:info@beaconsfieldtennisclubinc.com)**

**(OFFICE ONLY BELOW)**

BTC Representative comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this incident require further investigation?  Yes  No

Does the severity of this incident require notification to Work Safe Victoria?  Yes  No

Does the severity of this incident require completion of Insurance Claim?  Yes  No

BTC Representative signature: \_\_\_\_\_ Date: DD / MM / YY

**NB: A copy of this report is to be provided to the:**

- Injured party (Guardian if under 18)
- First Aid Coordinator
- Secretary (for General Committee minutes)
- Ossie's Tennis Coaching (Involving coaching staff or students only)