

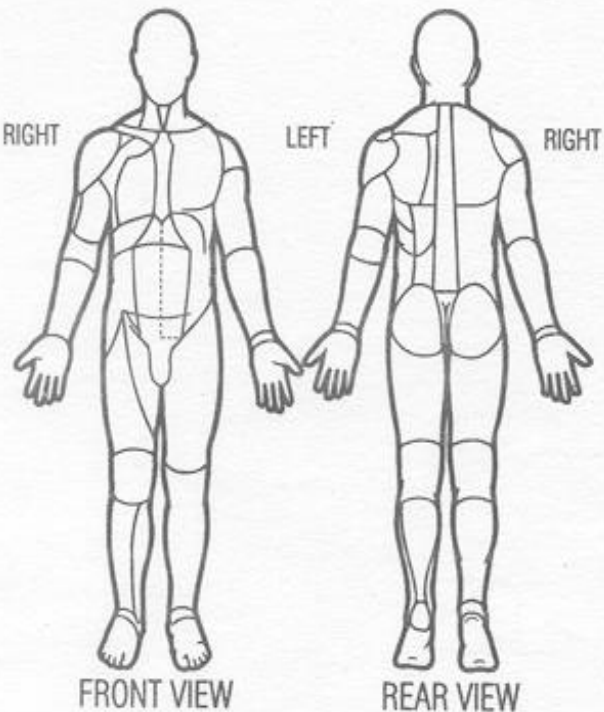
Workers who sustain an injury or illness in the course of work (paid or unpaid) must advise the Diocese in writing within 24 hours.

Form: ADNWHS001	16.21.5 INCIDENT REPORT FORM (To be completed by the Injured Person together with First Aider/ Churchwarden Or Parish Council Safety Delegate)	
Revision: 1		

Parish Details		Worker's Name	
-----------------------	--	----------------------	--

Date of Submitting Form:

Personal Details				Injury / Condition Details (worker to describe in own words)			
Name:							
Address:							
Postcode:		Phone / Mobile:					
Date of Birth:		Male/ Female:		Time and Date of Incident (if condition, date reported)			
Job Title:				Time:		Date	
						:	
Location of Incident:				Witness Name:			

Please Indicate Location of Injury on Body Chart:				Witness Contact Phone / Mobile:			
				Worker Signature (or signature of person on behalf of worker if he / she is unable to sign): I, the above stated, understand that the above information is true and correct. I acknowledge in the future there may be a need to share this information with a treating doctor or return to work program participants. This information also forms part of the safety management plan and the general details of the incident may be shared with the aim of preventing future incidents or accidents from occurring.			
				First Aid Treatment:			
				First Aid Attendant Name:			
				First Aid Attendant Signature:			

--	--

One copy of this form is to be scanned in and emailed to WHS Officer - brendonlowndes@newcastleanglican.org.au & to whs@newcastleanglican.org.au so that immediate notification to the regulator can be made. The original is to be place in the WHS Folder and kept available at the Parish.