

Incident/Accident Reporting Form

This form is to be used for all forms of incidents that occur at or concerning The Lakes Church.



Incident Injury Safe Ministry/ Sensitive

Event Name			
Reporter's Name		Ministry Role (if applicable)	
Reporter's Contact Details	Phone Number:		Email:
Name of Person Involved/ Injured			
Date and Time of Incident			
Details of the Incident (please provide a narrative of what happened)			
Location of the Incident			
Witnesses to the Incident			
What Response or Assistance was Immediately Provided?			
Recurring Incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		

TRIAGE

URGENT (Immediate first aid, calling 000 for medical or safety attention)	CRITICAL INCIDENT (Notify Senior Pastor. Proceed to critical incident response plan)
HIGH (Incident form completed within 48 hours)	MODERATE (Incident form completed within 7 days)

**Once the form is completed, please submit to The Lakes Church Office (office@thelakes.net.au).
If it is Safe Ministry related or sensitive incident, please submit to safeministry@thelakes.net.au**

FOR NOMINATED PASTOR OR DELEGATE ONLY

Name of Nominated Pastor or Delegate	
Action Taken	
Recommendations	
Has a consultation occurred with a member of the Safe Ministry Working Group or WHS Officer? <input type="checkbox"/> N/A <input type="checkbox"/> Yes - please provide name:	
Have other parties been notified? (e.g. Insurance, DCJ, Police, RCU, SafeWork NSW) <input type="checkbox"/> N/A <input type="checkbox"/> Yes - please specify:	
Outcome and Follow-up	
Report Completed by	Signature of Pastor/ Delegate: _____ Date: _____

FOR OFFICE USE ONLY

Incident Number	
Has the Incident been Registered?	<input type="checkbox"/> Yes _____ Date: _____
Report Submitted to Safe Ministry Group by	Name: _____ Signature: _____ Date: _____