Mawson Lakes Physiotherapy NDIS Incident Report Form

**Personal details of NDIS participant affected by incident:**

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

Address: \_\_\_\_\_\_\_\_Post Code\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: **DD / MM / YY**

**Incident details:**

Date of, or disclosure of event: Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the incident:

(Provide details of what happened, include people involved, equipment etc. Include impact on or harm to anyone, actions taken to support or assist persons with disability affected by the incident, or other persons, to ensure their safety, and health.)

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| --- |
|  |

What was the nature of, and injury resulting from, this incident?

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| --- |
|  |

Immediate actions taken to make situation safe

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| --- |
|  |

Was first aid or further treatment required? [ ]  Yes [ ]  No

Were there any witnesses? [ ]  Yes [ ]  No

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

Witness phone number: Witness email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Date: **DD / MM / YY**

**A copy of this report is be forwarded to your supervisor immediately.**

**Reportable incidents to NDIS yes/ no**

**Child protection SA yes/ no**

**SafeWork SA yes/ no**

**If contacted, date of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This section for Supervisor/ Manager**

Outcome of investigation

|  |
| --- |
|  |

Action/s to be taken to prevent further or similar incidents

|  |  |  |
| --- | --- | --- |
| Action | Responsibility | Completion date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Supervisor/ Manager signature: ……………………………….. Date: **DD / MM / YY**

**A copy of this report is to be provided to the injured party.**

**Record in Incident Register**

**Report to be kept for 7 years.**

