



Sydney Figure Skating Club

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Incident report form

Your contact details

Full name:

Contact number:

Email address:

Incident information

Date & time:

Venue:

Description:

Outcome:

Additional information

Injury Type:

Injury Incident Details:

Injury Risk Advised (tick all that apply):

Not Applicable

Rink Management Advised

Rink Management not Advised

Injury SFSC Previously Advised (tick all that apply):

Not Applicable

Yes I have Previously Advised SFSC of My Injury

No I have not Previously Advised SFSC of My Injury

Abuse Type:

Abuse Incident Details:

Abuse Advised to MPIO (tick all that apply):

Not Applicable

Yes I have Advised my SFSC MPIO

No I have not advised my SFSC MPIO

Abuse SFSC Previously Advised (tick all that apply):

Not Applicable

Yes I have Previously Advised SFSC Of the Abuse

No I have not Previously Advised SFSC of the Abuse

ADDITIONAL DETAILS:

People involved

Full name:

Contact number:

Email address:

Role (please circle): Complainant Official Person involved Witness

Full name:

Contact number:

Email address:

Role (please circle): Complainant Official Person involved Witness

Full name:

Contact number:

Email address:

Role (please circle): Complainant Official Person involved Witness

Full name:

Contact number:

Email address:

Role (please circle): Complainant Official Person involved Witness

Full name:

Contact number:

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Role (please circle): Complainant Official Person involved Witness