



Serious Injury Report Form

THIS REPORT SHOULD BE COMPLETED AND FORWARDED TO GOW-GATES WITHIN 48 HOURS OF INJURY.

Please use this form to report any injuries that occur whilst playing football or taking part in organised football squad training sessions that fit any of the following definitions:

1. An individual who sustains an injury which results in their being admitted to a hospital. This does not include those taken to an Accident or Emergency Department and allowed home from there; and / or
2. Fatalities occurring during or within 6 hours of the game finishing.

Failure to complete these forms may, in some circumstances, lead to loss of insurance support, as these forms flag potential claims.

Once completed, please send this form to Gow-Gates Insurance Brokers via email to football@gowgates.com.au or fax to 02 8267 9998.

GENERAL INFORMATION			
Date of report:		Time of report:	
Date of injury:		Time of injury:	
Player's name:		DOB or age:	
Club / School:		Team:	

INJURED PLAYER CONTACT DETAILS			
Address:			
Phone number:		Mobile:	
Next of Kin:		Relationship:	
Phone number:		Mobile:	
Nature of injury:			

MATCH DETAILS	
Opposition club:	
Team:	
Venue:	
Name of Match Official:	

THIS FORM IS DESIGNED TO RECORD AND FLAG SERIOUS INJURIES SO FFA AND GOW-GATES CAN BE PRO-ACTIVE IN HANDLING SERIOUS INJURY CLAIMS. THIS IS NOT A CLAIM FORM.



CIRCUMSTANCES OF INJURY

Position played when hurt:	
Playing or training?	
Contact or non-contact?	
Please provide a brief report of circumstances of injury or illness below:	
Did the injury result in a free kick?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the player kept in overnight (OR required nursing supervision elsewhere, eg. school)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of admission to hospital:	
Date of release from hospital:	
Did the player leave the field immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and address of hospital:	

NATURE OF INJURY (PLEASE TICK THE APPROPRIATE BOX)

Body part affected	Provisional diagnosis of injury
<input type="checkbox"/> Head	<input type="checkbox"/> Concussion
<input type="checkbox"/> Face / Jaw	<input type="checkbox"/> Damaged Teeth
<input type="checkbox"/> Neck	<input type="checkbox"/> Fracture
<input type="checkbox"/> Shoulder / Upper limb	<input type="checkbox"/> Dislocation
<input type="checkbox"/> Chest / Back	<input type="checkbox"/> Damaged Ligament
<input type="checkbox"/> Abdomen / Pelvis	<input type="checkbox"/> Internal
<input type="checkbox"/> Knee	<input type="checkbox"/> Laceration (Wound)
<input type="checkbox"/> Lower limb	<input type="checkbox"/> Other (Please specify):

PLAYER DECLARATION

I understand that this Serious Injury Report, which includes personal data about me (including sensitive personal data, e.g. medical information) for the purposes of the Privacy Act (the "Act"), will be kept by Gow-Gates Insurance Brokers. As well as being held by Gow-Gates, I understand that this data will be processed in the following ways:

- disclosure to Sportscover, the insurers to the FFA National Insurance Program;
- disclosure to FFA and/or Member federation.

I consent to this processing.

Signature of consenting injured player (or representative):		Date:	
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CONFIRMATION ON BEHALF OF CLUB POSITION WITHIN CLUB/SCHOOL:

Name of reporting person:			
Position within club / school:			
Contact phone numbers:			
Signature:		Date:	