



This form is to be used to report an incident or submit an insurance claim, when a third party alleges a participant has been negligent and has caused injury or property damage. Send a completed copy of the Incident Report to the Department of Employment and Workplace Relations through the InsuranceandIncidents@dewr.gov.au mailbox and your Provider Lead.

Has this incident been reported to the State WHS regulator: Yes No Not applicable

Please advise the program/activity type being undertaken:

REMEMBER: Under no circumstances should you admit Liability or enter into any discussion correspondence in connection with any incident that could result in a claim being made against your policy.

Information about participant

Job Seeker ID: Date of birth (dd/mm/yyyy):

Full name:

Address:

Email: Phone:

Information about the incident

Activity ID: Name of Activity:

Date of Incident (dd/mm/yyyy): Time of Incident:

Address/Location of Incident:

**Description of Incident (what happened, how did it happen, any factors leading to the incident).
Please be as specific as possible:**

Was there any property damage? – if so please describe:

Were there any witnesses to the incident: Yes No

If yes, please list names and telephone numbers for each witness:

Was the incident reported to the Police?: Yes No

Provider information

Name of Provider organisation:

Is this the name of the lead provider: Yes No

If no, please list the Lead Provider name:

All the information that I have given in this Claim Form/Incident Report is true and complete: Yes No

Name of Person completing the form:

Signature of person completing the form: Date (dd/mm/yyyy)

Host organisation information

Name of host organisation:

Address:

Supervisor name:

PLEASE NOTE: Where applicable, this form will be used as the claim form for insurance purposes. To ensure the claim can be appropriately processed, the job seeker/participant signature is required.

Participant declaration

All information that I have given in this Claim Form/Incident Report is true and complete.

Name of Participant:

Signature Signature of Participant: Date (dd/mm/yyyy)