**Riding for the Disabled Association (NSW)**

**Incident / Accident Form**

Incidents and accidents happen. An incident can be a valuable opportunity to learn and ultimately avoid an accident.

This form is designed to capture information which may be necessary for risk management or insurance purposes. The information is also necessary as a record for schools or other groups/organisations that use RDA (NSW) as therapy or which provide volunteers.

This form is not RDA (NSW)’s insurer’s official insurance claim form – any insurance claim must be made by the injured party or their representative via INS-05 directly to the insurer.

**Instructions**

A ‘notifiable incident’ is:

* The death of a person;
* A ‘serious injury or illness’; or
* A ‘dangerous incident’

arising out of the conduct of a business or undertaking at a workplace.

Note that this document is designed for completion online.

1. Where a ‘notifiable incident’ occurs, notify:
	1. your regional representative; and
	2. State Office

by phone or email of the accident within 48 hours and send in a completed ESR-05 as soon as reasonably possible.

1. Print 2 copies, sign both copies where indicated and as appropriate. Send one copy to State Office (by mail or scan and email) and retain the other copy at the Centre. Make a photocopy and give it to the Rider / Parent / Carer / Guardian / School / employee’s / visitor’s / coach’s / contractor’s / volunteer’s representative as appropriate.



CENTRE:

ADDRESS:

CENTRECONTACT: Name

Position

Phone

Email

Date of Accident/Incident: Time:

Person harmed/at risk (delete those not applicable):

Volunteer / Employee / Rider / Coach / Visitor / Contractor / Other

Name Address

 Postcode

Phone (Home) Phone (Mobile)

 / /

DOB: Male / Female

Disability prior to incident (if relevant)

School/Group/Organisation (if applicable)

Contact Person Phone

Name of Parent/Carer/Guardian (if applicable)

Present / not present (please indicate)

Name of horse (if directly involved)

Owned/leased/loaned since

**RDA Programme/Activity at time of incident:**

Witnesses (if applicable)

1.

2.

3.

RDA (NSW) Centre office bearer:

Signature:

**Outcome of Incident (Insert appropriate number from list below):**

1. Continued routine activity
2. Minimal – no apparent injury
3. Minor – first aid, no immediate medical intervention
4. Moderate – harm, injury requiring medical intervention
5. Major – harm, injury, loss requiring hospital care
6. Ambulance attended
7. Significant – death, permanent injury

Incident closed: Yes / No

First Aid Given Yes / No

Details if Yes

**RISK MANAGEMENT REVIEW (CENTRE USE ONLY)**

**Date:**  **Risk Assessment:** Low Medium High

**What actions have been put in place to prevent further incidents of this nature:**

**Name:** **Signature:**

Paid Employees: Workers Compensation Claim:

Statutory Notification:

Describe the Incident

Incident Date:

Name: Signature: ……………………… Date:

Witness Reports

Incident Date:

Name: Signature: ……………………… Date: