

VCEFOR05 Register of Injuries



NORTH MELBOURNE
GRAMMAR COLLEGE

CRICOS Provider Number: 02934D, RTO Provider Number: 121952, ABN 56 121 182 027

*Note: The Register of Injuries Template was provided from WorkSafe Victoria as part of the Return to Work Toolkit and has been customised accordingly for use by the North Melbourne Grammar College.

Section 1: Injured Person Details

(The terms used in this form – ‘Manager/Supervisor’ in this instance also refers to VCE Principal/Teacher/Trainer or person in charge)

Family name:		First name:	
Position:	Employee	Department/Class:	
	Student		
	Visitor		
Manager/ supervisor's name:			

Section 2: Injury/Illness Details

Date of injury/illness:		Time of injury/illness:		am / pm
Nature of injury/illness:				
Bodily location of injury/illness:				
Exact location at time of injury:				
Describe how the injury/illness was sustained:				
Was any equipment involved in the injury/illness?	Yes / No (Please circle your response)			
<i>If yes, please provide details:</i>				

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Section 3: Witnesses

Were there any witnesses to the injury/illness?	Yes / No (Please circle your response)
<i>If yes, please list the witnesses' full names as well as a contact number for each.</i>	

Section 4: Follow up

Was the injury reported to a supervisor/manager?	Yes / No (Please circle your response)
Was any treatment provided?	Yes / No (Please circle your response)
<i>If yes, please provide details:</i>	
Did the injured person return to work/studies following the injury?	Yes / No (Please circle your response)
<i>If yes, please provide details:</i>	

Section 5: Details of person making this entry

Family name:		First name:	
Position:		Department:	
Signature:		Date:	
If you are not the injured person, did you witness the injury/illness?	Yes / No (Please circle your response)		

Section 6: To be completed by Safety Officer/VCE Principal

Has an investigation been conducted into the incident?	Yes / No (Please circle your response)
What, if any, controls were implemented to ensure the incident doesn't happen again?	

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Section 7: Safety Officer/ Representative/College Authorised delegate confirmation

I, _____ (print name), of
_____ (insert College name)
hereby confirm receipt of this notification.

Signature: _____ **Date:** _____

Requirements of injury notification:

- The North Melbourne Grammar College must keep a **Register of Injuries** for employees/ students/visitors to record any injury or illness.
- The injured person (or someone acting on their behalf) must notify the College in writing of any injury or illness within 30 days of becoming aware of the injury or illness.
- The College will provide written confirmation to the injured person that they received notification of the injury or illness.
- The College will provide a signed and dated copy of this entry to the injured person.
- To make a WorkSafe claim an injured worker must complete a Worker's Injury Claim Form, available from the Australia Post.

Review: This Document will be reviewed monthly by the VCE Principal or VCE Board members.

Review Date:

Name of Reviewer: