

This form is used to report: any incident involving or causing injury to students participating in any University approved activities such as placement, field trips, site visits, work experience, lectures, etc.

Once the form is completed, send the:

1. Original copy to the Insurance Office, Level 3, 108 North Terrace, Adelaide 5000
2. Copies to Program Director; Placement Facilitator/Coordinator; Student.

Further details and questions regarding insurance are to be directed to the Adelaide University Insurance Office:

Email: insurance@adelaide.edu.au

Phone: +61 8 8313 4539

Information:

Students undertaking approved University activities are provided with Personal Accident insurance through the University. This insurance is designed to cover death, disablement or loss of income following an accident. Limited cover is provided for medical expenses but does not apply to any part of an expense that is wholly or partially claimable through Medicare. The University is not responsible for expenses incurred by the student that are not recoverable from insurance (e.g. policy excesses).

For enquiries regarding insurance benefits or to enquire about making an insurance claim please contact the Insurance Office.

Injured Students should be directed to seek appropriate medical care in a public hospital (unless they hold their own private hospital cover).

Students on placement are not employed by the Host Organisation. Therefore, no Workers Compensation applies and Workcover forms should not be used.

Section 1: Personal Details

Student Name:	DOB:
Student ID:	Gender:
Student Email:	Student Phone:
Program of Study:	Program Director:

Section 2: Incident Details (attach a separate page if more space is required)

Date of incident:	Time of incident an/pm:
Incident occurred while on: Placement/Field Trip/Other (please specify):	
Address/Location where incident occurred:	
Witness name and position:	
Witness address and phone:	
Incident description: (Include what the student was doing at the time the incident occurred and who else was involved etc).	
Location and nature of Student injury:	

Description of action taken (first aid/medical):	
Description of follow-up action required:	
Signature of Supervisor/Coordinator:	Date:
Name of Supervisor/Coordinator: (please print)	Phone:
Signature of Student:	Date: