VICTORIAN
CHURCHES
FOOTBALL
ASSOCIATION
SINCE 1983

RESPECT
COMMUNITY
INTEGRITY
SPORTSMANSHIP
INCLUSIVITY

PO BOX 1007
MOUNTAIN GATE
VIC 3156
INFO@VCFA.ORG.AU
VCFA.ORG.AU

Injury Report

FORM 4

REPORTING

The VCFA has dedicated player and volunteer insurance in place to support participants who may suffer an injury during the season.

The insurance PDS, as well as the insurance claim form can be found on the VCFA website at www.vcfa.org.au/documents.

This report is a mandatory step in the injury reporting and claim process, which is:

- Complete this form (Form 4. VCFA Injury Report Form) and return to VCFA (gm@vcfa.org.au)
- Capture proof of match day participation (take screenshot of Dribl or download Dribl team sheet). *Note, if you are injured in training, a coach will need to verify your attendance.*
- Complete insurance claim form (located on VCFA website) and send to insurance company (details in claim form) along with medical receipts as they come through.

This process must be completed within 7 days of the injury occurring.

Please note, the VCFA is not the insurer and does not have any say in whether a claim is accepted or denied. Please contact the insurer and read the PDS for any information regarding your claim, coverage, and required documentation.

CLUB DETAILS

Date of report	
Club Name	
Club Representative	
Position at Club	
Representative Contact	*Mobile:* *Email:*

INJURED PERSON DETAILS

Name	
Address	
Contact number	
Contact email	
Date of birth	
Gender	

INJURY DETAILS

Date of injury	
Time of injury (approx.)	
Location where injury occurred	
Details of the incident which caused the injury	
Details of the injury	

INJURY ACTIONS

Ambulance called / attended	
Hospital attended	
Doctor attended	
Actions taken *(i.e. x-ray, MRI, physio, etc.)*	
Other comments	

Please send completed form to the General Manager (gm@vcfa.org.au), along with proof of play team sheet (or screenshot).

If you have any questions, please contact the GM directly.