**Riverton Calisthenics Club**

# Mental Health and Wellbeing Report Form

This form accompanies the Riverton Calisthenics Club’s ***Mental Health and Wellbeing Policy***.

Please refer to this policy for advice on the circumstances under which a *Mental Health and Wellbeing Report Form* should be completed and submitted.

Completed forms should be emailed to the Riverton Calisthenics Club’s Mental Health and Wellbeing Officer at **RCCReporting@aol.com**

All queries or general concerns regarding mental health and wellbeing, should be directed to the Club’s Mental Health and Wellbeing Officer:

**Name: Gemma Jahn**

**Telephone: 0430 096 838**

**Email:** **RCCReporting@aol.com**

**Part 1: Background details**

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| --- |
| **PLEASE PRINT CLEARLY** |
| **Date (of concern/incident):** | **Time (of concern/incident):** |
| **Location (venue type/name, online):**  | **Was first aid provided?*** **Yes**
* **No**
 | **Name of the First Aider(s):** |
| **Full Name of the Member to which the concern/incident relates:****Contact details of the Member to which the concern/incident relates:*** **Date of birth:**
* **Telephone number:**

**If the Member to which the concern/incident relates is under 18-years of age:*** **Parent/Caregiver name:**
* **Telephone number:**
 |
|  **Category of the Member to which the concern/incident relates:*** Participant/Team Member (over 18-years of age)
* Participant/Team Member (under 18-years of age)
* Coaching Staff
* Committee Member
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Has the Member consented to you submitting this *Mental Health and Wellbeing Report Form?**** Yes
* No ***(If no, please contact the Club’s Mental Health and Wellbeing Officer prior to submitting this form).***
 |

**Part 2: Mental health and wellbeing concern/incident details**

1. **Please provide a description of the concern/incident.**

***This should be a brief but factual account of the concern/incident. Include who was involved and any additional details you have about how, where and when the incident occurred, or the reason(s) for your concern about a Member’s mental health and wellbeing.***

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1. **Please outline any factors/issues you are aware of that led up to the incident or may have contributed to the reason(s) for your concern about a Member’s mental health and wellbeing.**

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1. **If an incident has occurred, please list the names of all witnesses.**

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1. **What actions were taken during the incident and by whom?**

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1. **Has an injury to the Member or another person occurred as a result of this concern/incident? If so, please complete the Club’s Injury Report Form and submit this to your Team Manager. A copy must be attached to this *Mental Health and Wellbeing Report Form*.**
* Yes
* No
1. **Were the emergency services called? If so, which service(s) responded and what was the outcome?**
* Yes
* No

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1. **Did you refer the Member to an external agency/organisation? (e.g. GP, hospital emergency department, counselling service)? If so, what referral(s) did you provide?**
* Yes
* No

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1. **Would you like any assistance from the Club’s Mental Health and Wellbeing Officer?**
* Yes
* No

**If you selected ‘Yes’, please outline the type of assistance.**

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**Please sign and date this form prior to submitting it.**

**Name:**

**Position at the Riverton Calisthenics Club:**

**Telephone:**

**Email:**

**Signature:**

**Part 3: Document management – Riverton Calisthenics Club Official use only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Form ID Number** | **Receipt Date** | **Action Date:** | **Name and signature of actioning Official(s):** |
|  |  |  | **Name:** **Position: Mental Health and Wellbeing Officer****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name:****Position:** **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Summary of the action(s) taken:** |

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