



CLAIMS PROCEDURES

All incidents incurred by a competitor, worker, practice day participant, contractor or attendee at your event must be recorded and reported to the National Rodeo Council of Australia (refer below):

1. Once an injury has occurred, an incident report (see attached) must be completed and submitted by the Organiser or Committee via upload **CLICK HERE** when completing your online reconciliation after the event OR scanned copy emailed to enquire@nationalrodeocouncil.com.au the first working day after the event to the National Rodeo Council head office (original **MUST** be posted).

An authorised signature is required on all incident reports INCLUDING Ambulance or Medical Officer signatories.

Incident reports, which are not completed in full; including authorised signatures from the Association or Committee AND Medical Officers, may result in loss of claim.

In the event a report is NOT faxed within seven (7) days of the injury, the Committee may jeopardise its rights to eligible compensation for claimants due to late notification.

2. Once an incident report has been submitted either by fax, email or uploaded to the online event reconciliation, it is the claimant's responsibility to notify the Association or Committee of their intention to claim, IF they intend to claim.
3. If an Association or Committee is notified of a claim, it is the Association/Committee's responsibility to complete section B of the claim form and forward original to the claimant.

Please contact the National Rodeo Council head office on 02 6737 3777 or your affiliated Association to obtain the applicable claim forms

4. Once the claimant has received the partially completed form from the Association/ Committee/ Organiser, they must complete the rest of the application and include any ORIGINAL receipts/ invoices doctor certificates and send to:

NRCA Sports Claims
PO Box 463, Tenterfield NSW 2372

All Claimants must be advised to contact the National Rodeo Council office should they have any queries relating to their claim on 02 6737 3777.

NO claims will be processed if an Incident Report has NOT been submitted to our office regarding the incident PRIOR to claiming.

No claims will be processed unless original Incident Report, claim form and invoice/receipts are received no later than ONE month after the date of the injury.



T: 02 6737 3777
F: 02 6737 3676



enquire@nationalrodeocouncil.com.au
www.nationalrodeocouncil.com.au



PO Box 463
Tenterfield | NSW | 2372



EVENT INCIDENT REPORT

TO:	NATIONAL RODEO COUNCIL OF AUSTRALIA
EMAIL:	enquire@nationalrodeocouncil.com.au
FROM: <i>Organiser/ Committee</i>	

INJURED PERSON

Full Name			
Address			
Town/State		P/Code	
Date of Birth	____/____/____	Telephone:	

INJURY DETAILS *(please circle applicable answer)*

1. Injured Category	a) Competitor	b) Arena Official	c) Worker	d) PAYG Employee
	e) Spectator			
2. Gender:	a) Male	b) Female		
3. Age Group:	a) Senior	b) Junior		
4. Event Injured:	a) Open Bull	b) Junior Bull	c) Saddle bronc	d) Bareback
	e) Steer Wrestling	f) Steer Undecorate	g) Barrels	h) Junior Barrel
	i) Team Roping	j) Breakaway	k) Calf Roping	l) Other
5. Date Injured:	____/____/____	5. Place of Injury:		

MEDICAL TREATMENT *(please circle applicable answer)*

Nil:	First Aid:	Doctor/Paramedic	Admitted to Hospital
YES / NO	YES / NO	YES / NO	YES / NO
Briefly Explain			
Details of Incident:			
Name of Attending Medical Officer or Paramedic		Name of Authorised Person (Organiser/Committee Member)	
Signature:		Signature:	
DATE:	____/____/____	DATE:	____/____/____

PLEASE NOTE CLAIM WILL NOT BE PROCESSED IF THIS RECORD IS INCOMPLETE



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