



## **Rotary Club**

# **Insurance Risk Management *and* Youth Protection Handbook: Appendices Forms**

**January 2026**

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# APPENDIX F1: Rotary Insurance Travel Authorisation Form

## Rotary Insurance Travel Authorisation Form

**(This form to be submitted to DIO prior to the commencement of any Travel.  
Please note that failure to do so may result in no insurance coverage)**

To: District Insurance Officer \_\_\_\_\_ Email: \_\_\_\_\_

I \_\_\_\_\_, Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ of the Rotary Club of \_\_\_\_\_ District \_\_\_\_\_ wish to advise that I will be travelling as part of Rotary activities and request the travel to be noted and included under the District Insurance Policies.

- 1. Brief Description & Purpose of Travel: \_\_\_\_\_
- 2. Date(s) of Travel: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration: \_\_\_\_\_ days
- 3. Incidental Travel (e.g. Holiday before/afterwards):  YES /  NO

*If "YES", please provide details and duration of Trip. (Incidental travel means travel which is private and taken either side of or during an authorised Rotary trip to a maximum of **21 days** (the purpose of the overall Trip being predominately for the benefit of Rotary)*

- 4. Have you obtained a Fit to Travel letter from your General Medical Practitioner?  YES /  NO

*If "YES", please retain this for your records.*

- 5. Have you obtained approval for travel? If so, please provide details of the relevant person who provided approval  
District:  YES /  NO Provided by: \_\_\_\_\_  
Club:  YES /  NO Provided by: \_\_\_\_\_  
RAWCS:  YES /  NO Provided by: \_\_\_\_\_  
Other:  YES /  NO Please specify Other \_\_\_\_\_  
Provided by: \_\_\_\_\_

- 6. Is a Travel Risk Management Plan in place?  YES /  NO

- 7. Please note that whilst travelling, there is **NIL COVER for Rental Vehicle Excess Waiver**

- 8. Have you registered with [www.smarttraveller.gov.au](http://www.smarttraveller.gov.au)?  YES /  NO

Club or District Rotarian Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

**DIO TO COMPLETE**  
COVER CONFIRMED UNDER ROTARY POLICY  YES /  NO DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## APPENDIX F2: General Release and Indemnity Form

### General Release and Indemnity Form

To the Rotary Club of \_\_\_\_\_ (*insert Rotary Club's Name*). ("Rotary")

\_\_\_\_\_  
(*Insert name of specific Rotary Function/Event*) ("the Event")

1. I, \_\_\_\_\_ (*Participant*)

of \_\_\_\_\_ (*home address*)

Email and Mobile phone \_\_\_\_\_

am aware and acknowledge that the Event involves inherent risks, including the risk of injury or death and damage to property and in undertaking such activities, I do so at my own risk.

2. I am also aware that it is a condition of participation in the Event that Rotary, its officers and employees, agents and volunteers are released by me from all liability howsoever arising from injury or damage to both property and person howsoever caused (whether fatal or otherwise) arising out of my participation in the Event whether or not such injury or damage is due to any negligent act, breach of duty, default and/or omission on the part of Rotary, its officers and employees, agents or volunteers.
3. I indemnify Rotary, its officers and employees, agents and volunteers against all loss, damage and expenses (including legal costs on a solicitor and own client basis) arising out of or in connection with any claims, actions, proceedings or demands of any kind arising directly or indirectly as a consequence of my participation in the Event.
4. I acknowledge and agree that my participation in the Event is as a consequence of my own free will and desire and that I have read and understood the above warning, release and indemnity.
5. I warrant that I am 18 years of age or older and am lawfully able to enter into this above release and indemnity or, in the event that I am a minor, I have the permission of my legal guardian to participate in the Event and that my legal guardian has agreed to adhere to the terms of the indemnity below.

Signed \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

#### To be completed only if the participant is a minor

I, \_\_\_\_\_ (*Parent / Legal Guardian*)

of \_\_\_\_\_ (*home address*)

am the legal guardian of \_\_\_\_\_ (*"Participant"*)

and consent to them participating in the Event.

- I release Rotary, its officers and employees, agents and volunteers from all liability, howsoever arising, from injury or damage to both property and person howsoever caused (whether fatal or otherwise) arising out of the Participant's participation in the Event whether or not such injury or damage is due to any negligent act, breach of duty, default and/or omission on the part of Rotary, its officers and employees, agents or volunteers.
- I indemnify Rotary, its officers and employees, agents and volunteers against all loss, damage and expenses (including legal costs on a solicitor and own client basis) arising out of or in connection with any claims, actions, proceedings or demands of any kind arising directly or indirectly as a consequence of the Participant's participation in the Event

Signed \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

## APPENDIX F3: One off Event Liability Insurance

### Get a quote / Proposal Form

Website Link [One Underwriting - Event Liability | Products | One Underwriting](#)

**One Underwriting**  
Short Period Event Liability Proposal Form

## Short Period Event Liability Proposal Form

#### Broker or dealer details

Company   
Name   
Phone   
Email

This proposal must be completed in ink and signed and dated by such person (The Proposer) who must be of legal capacity and authorised by the Proposer to seek a quotation for Public and Products Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Please submit, with the proposal, all relevant information including Financial Report and Accounts, brochures, requested documents etc.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number.

It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy. For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of your Proposal.

Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer

**Copies of the Proposal Forms should be retained for your own records.**

#### Proposer Details

Full name of the Organiser/Promoter

Is the organiser a member of any Industry Associations? Yes  No

Please provide details:

Organiser experience:

Years  Months

Phone

Fax

Email

Has the insured had any insurance contracts denied, cancelled or been subject to special conditions in the past, or been charged or convicted of any criminal offence other than driving offences? Yes  No

If yes, please provide details

#### Event Information

If the event will take place at more than one location, please complete this section for each location on a separate sheet and attach to this completed form.

Contact person

Name of event

Date (include set-up and dismantle)

to

Hours of event

am/pm

to

am/pm

Event location

Type of event

Indoors

Outdoors

Number of performances

How many times has this event been held before?

**one**  
UNDERWRITING

## APPENDIX F4: Event Cancellation Insurance

### Get a quote / Proposal Form

Website Link: [Aon | Quotes for Profession Specific Business Insurance](#)

#### Event Cancellation Insurance |

##### Duty of Disclosure

Before you enter into a contract of general or life insurance with an Underwriter you have a duty, under the Insurance Contracts Act, 1984, to disclose to the Underwriter every matter that you know, or could reasonably be expected to know, is relevant to the Underwriter's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose these matters to the Underwriter before you renew, extend vary or reinstate this contract of general insurance. Your duty, however does not require disclosure of any matter:

- that diminishes the Underwriter's risk
- that is of common knowledge
- that the Underwriter knows, or in the ordinary course of business, should know
- as to which compliance with your duty of disclosure is waived by the Underwriter.

##### Non-Disclosure

If you fail to comply with your duty of disclosure the Underwriter may be entitled to reduce the liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Underwriter may also have the option of avoiding the contract from its beginning.

##### Subrogation

If you have entered into an agreement with another party which prevents the Insurer from taking a recovery action for compensation from that party it may affect your right to cover under this Policy. Should you now be a party to such an agreement or be requested to enter such an agreement in the future please advise this office in writing.

##### Contact Details

Insured Name	<input type="text"/>		
<i>Insured Name is the Legal entity to be insured (e.g. John Smith, ABC Pty Ltd, J &amp; G Smith Tras ..., ABC Organising Committee, etc)</i>			
Person to contact	<input type="text"/>	Email	<input type="text"/>
Postal address	<input type="text"/>	State	<input type="text"/>
Phone No.	<input type="text"/>	Fax No.	<input type="text"/>
		Website	<input type="text"/>

##### Cancellation, Abandonment, Postponement or Interruption

1. Title or Name of event(s) or performance(s) to be insured:	<input type="text"/>
2. Date(s), name of venue(s) and address(es) of event(s):	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

3. Are the event(s) held:	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Under canvas
4. Will adverse weather conditions preclude the fulfilment of the event(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Construction of the Venue(s):	<input type="text"/>		
6. Will the stage and all electrical equipment be protected from rain? Please provide details below:-	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		

## APPENDIX F5: Incident Report Form

### Incident Report Form

*Please submit all Incident Reports to the District Insurance Officer*

Policy Number  
(if known):

\_\_\_\_\_

Rotary Club Of:

\_\_\_\_\_

Contact Name:

\_\_\_\_\_

Rotary Position:

\_\_\_\_\_

Address:

\_\_\_\_\_

State:

Postcode:

\_\_\_\_\_

Contact's Phone No:

Email:

\_\_\_\_\_

#### **Injured party:**

Name:

\_\_\_\_\_

Gender:

Male:

Female:

Address:

\_\_\_\_\_

State:

Postcode:

\_\_\_\_\_

Home No:

Work No:

\_\_\_\_\_

Mobile No:

Email:

\_\_\_\_\_

Date of Birth:

Occupation:

\_\_\_\_\_

Relationship with the Rotary Organisation:

\_\_\_\_\_

#### **Details of Incident**

Date of Incident

Time:

\_\_\_\_\_

Date Reported to you:

Time:

\_\_\_\_\_

Reported by:

\_\_\_\_\_

Exactly where did the incident occur:

\_\_\_\_\_

---

What did the injured party report happened:

---

What was the cause of the incident:

---

Item description:

---

Type of damage/loss:

---

Estimated costs:

---

**Personal Injury Details** (as reported by the injured party)

Part of body injured: (select appropriate box(es) – L/R = Left or Right)

Head / Neck	<input type="checkbox"/>	Arms / Wrists	<input type="checkbox"/>	L	<input type="checkbox"/>	R	<input type="checkbox"/>
Eyes & Features	<input type="checkbox"/>	Hands / Fingers	<input type="checkbox"/>	L	<input type="checkbox"/>	R	<input type="checkbox"/>
Back / Trunk	<input type="checkbox"/>	Leg / Ankle	<input type="checkbox"/>	L	<input type="checkbox"/>	R	<input type="checkbox"/>
Feet / Toes	<input type="checkbox"/>	L	<input type="checkbox"/>	R	<input type="checkbox"/>	Other	<input type="checkbox"/>

---

Possible Nature of Injury: (select appropriate box(es))

Fracture	<input type="checkbox"/>	Break	<input type="checkbox"/>	Sprain	<input type="checkbox"/>
Burns / Scalds	<input type="checkbox"/>	Muscle / Ligament	<input type="checkbox"/>	Dislocation	<input type="checkbox"/>
Concussion	<input type="checkbox"/>	Superficial	<input type="checkbox"/>	Laceration	<input type="checkbox"/>

Other (give details) \_\_\_\_\_

---

**Witness Details**

Full name of witness to incident: \_\_\_\_\_  
*(Surname) (Given Names)*

Address of witness: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to injured party: \_\_\_\_\_

Witness comments (exact): \_\_\_\_\_  
\_\_\_\_\_

Actions taken to prevent recurrence: \_\_\_\_\_  
\_\_\_\_\_

Report completed by: \_\_\_\_\_  
*(Block Letters)*

I confirm the incident areas have been inspected by me. Photograph available  Y / N

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional comments:

## APPENDIX F6: Club Youth/Student Protection Compliance Checklist

### Club Youth/Student Protection Compliance Checklist

To be completed by authorised Club Officer:

Some of the following requirements are YEP specific however protection principles apply to all Rotary Youth Programs.			
	Requirement	√	Remarks
1	Club is familiar with District Protection Policy	<input type="checkbox"/>	
2	All "Volunteers" reference & criminal history checked.	<input type="checkbox"/>	
3	Club maintains a Register of Volunteer Declarations	<input type="checkbox"/>	
4	Copies of all sent to District for record retention	<input type="checkbox"/>	
5	Counsellors have been appropriately selected and trained	<input type="checkbox"/>	
6	Host Families have been screened and briefed	<input type="checkbox"/>	
7	Students have been briefed on Youth Protection	<input type="checkbox"/>	
8	Students have been briefed on travel approval procedure	<input type="checkbox"/>	
9	Club has received protection training from District	<input type="checkbox"/>	
10	Emergency Response and Reporting Procedure provided	<input type="checkbox"/>	
11	Club is familiar with RI Allegation Reporting Guidelines	<input type="checkbox"/>	
12	Club has completed annual Compliance Declaration	<input type="checkbox"/>	
13	Club has completed a basic name search online for all members, volunteers and responsible adults that will be working with children	<input type="checkbox"/>	

Completed by:

Date:

Club Position:

APPENDIX F7: BASIC YOUTH PROTECTION SCREENING

# Statement of Renewal

I, \_\_\_\_\_ confirm that I have a Working with Children Check/Card and it has been renewed.

Card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_

and certify that all other details recorded on my Volunteer Declaration remain unchanged.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX F8: ROTARY/ROTARACT YOUTH VOLUNTEER INFORMATION AND DECLARATION FORM



### Rotary/Rotaract Youth Volunteer Information & Declaration Form

NOTE: This form is mandatory for ROTARIANS and VOLUNTEERS.

#### PERSONAL DETAILS

Name: \_\_\_\_\_ DOB:

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Period at Address (Years): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer (If Applicable): \_\_\_\_\_

#### PROGRAM INVOLVEMENT

Do you have any past involvement/experience with youth?  YES /  NO

If yes, please outline in the space below.

Which of the following Youth Programs will you be involved with/may be involved with in the future? Select all that apply.

RYPEN:  RYDA:  NYSF:  MUNA:   
RYLA:

Interact:  Science & Engineering Challenge:  Rotary Youth Exchange:

Other (please outline):

What will your role/s be in the programs you selected above?

---

**PERSONAL REFERENCES**

NOTE: Only ONE (1) referee may be a Rotarian/Rotaractor, and NO referees may be family members.

**REFEREE 1 DETAILS**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_

Have you informed this referee that they will be contacted by Rotary/Rotaract for the purpose of a Personal Reference Check?  YES /  NO

**REFEREE 2 DETAILS**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_

Have you informed this referee that they will be contacted by Rotary/Rotaract for the purpose of a Personal Reference Check?  YES /  NO

**REFEREE 3 DETAILS**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_

Have you informed this referee that they will be contacted by Rotary/Rotaract for the purpose of a Personal Reference Check?  YES /  NO

---

**POLICE CHECK AND CRIMINAL HISTORY**

WWCC/WWVP Number: \_\_\_\_\_ Expiry Date: Click or tap to enter a date. \_\_\_\_\_

**NOTE:** You will be required to provide a copy of your WWCC/WWVP document when submitting this declaration form.

Have you ever been charged with or been found guilty of charges involving sexual, physical, or verbal abuse, including but not limited to domestic violence or intervention orders.  YES /  NO

**NOTE:** If YES, please provide an explanation in the space provided below. Ensure you include the date(s) of any incident(s), and the country and state in which the incident(s) occurred. Any charges that resulted in a diversion should also be recorded, as should the final outcome of any intervention order applications that might have been made against you.

---

**VOLUNTEER DECLARATION**

I, \_\_\_\_\_, certify the following:

- All statements and information provided in this form are true and correct at the time of writing.
- I have contacted my listed referees, and they are all happy for \*Rotary/Rotaract to contact them.
- I give my full permission for any of the referees listed above to be contacted by \*Rotary/Rotaract to confirm my suitability as a Youth Program Volunteer.
- I agree to abide unreservedly by \*Rotary/Rotaract's decision as to my suitability as a Youth Program Volunteer in Rotary and affiliated Youth Programs.
- I acknowledge that copies of this form, and the results of \*Rotary/Rotaract's enquires, will be held by the coordinator of any program for which I volunteer and by Rotary District \_\_\_\_\_.

**NOTE:** For these purposes, Rotary/Rotaract means the Rotary/Rotaract Club or District for which this Volunteer Information and Declaration Form is submitted, and any other Rotary/Rotaract Club or District that conducts a Youth Program for which I volunteer, either now or in the future.

**I HAVE READ AND UNDERSTOOD THE ABOVE DECLARATION AND SIGN THIS FORM VOLUNTARILY**

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rotary/Rotaract  
Witness: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX F9: ROTARY/ROTARACT VOLUNTEER INFORMATION  
REFERENCE CHECK FORM



Rotary/Rotaract Youth Volunteer Reference Check Form

**RECORD OF REFEREE CONTACT BY AUTHORISED CLUB OFFICER**

Name of Authorised Club Officer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Signature (of Authorised Club Officer): \_\_\_\_\_ Date: \_\_\_\_\_

**REFEREE CHECK 1**

Name: \_\_\_\_\_  
Relationship to Volunteer: \_\_\_\_\_  
Date Contacted: \_\_\_\_\_

Referee Contact Method (select all that apply):  
Phone Call:  In-Person Interview

Questions:

How long have you known this individual?

In what capacity do you know this individual?

Do you think this individual is well qualified to work with youth?

Would you have any reservations about recommending this person to volunteer/serve in a Rotary or affiliated Youth Program?  YES /  NO

Comments:

**REFEREE CHECK 2**

Name: \_\_\_\_\_  
Relationship to Volunteer: \_\_\_\_\_  
Date Contacted: \_\_\_\_\_

Referee Contact Method (select all that apply):  
Phone Call:  In-Person Interview

Questions:

How long have you known this individual?

In what capacity do you know this individual?

Do you think this individual is well qualified to work with youth?

Would you have any reservations about recommending this person to volunteer/serve in a Rotary or affiliated Youth Program?

YES /  NO

Comments:

### REFEREE CHECK 3

Name: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Date Contacted: \_\_\_\_\_

Referee Contact Method (select all that apply):

Phone Call:

In-Person Interview

Questions:

How long have you known this individual?

In what capacity do you know this individual?

Do you think this individual is well qualified to work with youth?

Would you have any reservations about recommending this person to volunteer/serve in a Rotary or affiliated Youth Program?

YES /  NO

Comments:

### CHECKLIST (AUTHORISED CLUB OFFICER ONLY)

The following has been provided by the Volunteer listed in this Rotary/Rotaract Youth Volunteer Information & Declaration Form (tick all that apply):

- Completed Rotary/Rotaract Youth Volunteer Information & Declaration Form
- Working With Children Check (WWCC) or Working With Vulnerable People (WWVP) Number
- Additional Resources/Files (if provided by the Volunteer, please detail/describe below)

The following has been completed by the Authorised Club Officer (tick all that apply):

- WWCC/WWVP Number has been verified as current and valid in its relevant State or Territory.
- All THREE (3) listed references have been successfully contacted and confirm the Volunteers' suitability to volunteer/serve in a Rotary or affiliated Youth Program.

**ROTARY/ROTARACT CLUB DECLARATION (CLUB PRESIDENT ONLY)**

I, \_\_\_\_\_, President of the \_\_\_\_\_

verify that \_\_\_\_\_ Has satisfactorily completed this Rotary/Rotaract

Youth Volunteer Information & Declaration Form. I certify that:

- All listed referees have been contacted by the Authorised Club Officer to confirm the Volunteers suitability to volunteer/serve in Rotary or affiliated Youth Programs.
- The Volunteer's Working With Children Check (WWCC) or Working With Vulnerable People (WWVP) number is current and has been verified in its relevant State or Territory.
- The Club finds the applicant to be a suitable volunteer for Rotary and affiliated Youth Programs.

Signature (of President): \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_



## APPENDIX F11: ROTARY YOUTH PROTECTION INCIDENT REPORT

### Rotary Youth Protection Incident Report

**Instructions:**

Complete the following report leaving no field blank. If a question does not apply to this situation, please enter "NA." Incident reports should be emailed to the Club President, Club Youth Protection Officer, District Youth Protection Officer and the District Insurance Officer. A report should also be made to RI through the portal at <https://ri.i-sight.com/portal> After submitting the report, please continue to update everyone as further information develops.

**REPORTER INFORMATION**

Reporter's Name:		Title/Role:	
District:		Telephone(s):	
Date & time of report:		Email:	

**ALLEGED VICTIM INFORMATION**

Last Name:		First Name:	
Date of Birth:		Citizenship:	
<i>If incident occurred during a Rotary Youth Exchange, please provide the program details listed below:</i>			
Host District:		Host Club:	
Sponsor District:		Sponsor Club:	
Host Family Name & Address:		Host Family Phone:	

**ALLEGED OFFENDER INFORMATION**

Last Name:		First Name:	
Relationship to the youth named above:		Title/Role (if applicable):	
Club name (if Rotarian):			
Other Parties Involved: (contact information)			

**SUMMARY**

Date and time of incident:	
Location of incident:	
<i>Please provide details of the incident:</i>	

**ACTION TAKEN**

<i>Provide details on the action taken after the incident was reported to you/your organization:</i>			
Is the youth currently in a safe place?			
Has the alleged offender been removed from youth programs while the investigation is performed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list all individuals or organizations that have been informed of the alleged incident to date. <i>(Example: districts, clubs, youth participant's legal guardians, district governor, youth protection officer, etc)</i>			
1.		4.	
2.		5.	
3.		6.	
Has the alleged incident been reported to local law enforcement? <i>If not, why?</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is local law enforcement investigating the allegation, or have any official charges been filed? <i>If so, please describe:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any support services been offered to the youth? <i>If so, please describe the service/provider:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**FUTURE STEPS**

<i>Provide details on any future action that you/your organization plan to take regarding this allegation:</i>			
Have you received any media inquiries regarding the allegation? <i>If so, please describe:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**UPDATE**

<i>Provide any additional details or results of investigations relating to this incident since the initial report to RI:</i>
--

## APPENDIX F12: ABUSE INCIDENT REPORT

### Combined Rotary International Districts of Australia Sexual Abuse Incident Report

**Insured Name**

Rotary Club of	
Rotary District	

**Reporters Contact Details**

Name	
Address	
Email Address	
Phone Number	

*When did the incident happen?*

Date of Incident:		Time of Incident:	
-------------------	--	-------------------	--

*Where did it happen?*

Address/location of incident:	
-------------------------------	--

*Alleged Victim's Information:*

Name:			
Description of Victim if name is unknown:			
Gender:			
Date of Birth:		Age:	
Address:			
Phone Number:			

*Alleged Offender Information:*

Name:			
Relationship to the Victim			
Rotary Club of (if Rotarian):			
Other Parties Involved:			

*What happened?*

Describe the incident and the immediate responses:  
*Incident details should be a brief factual account of the incident. Include who was involved; how, where and when the incident occurred.*

*What actions have been taken?*

Please describe what actions have been taken to address safety risks and what will be done to prevent reoccurrence of the incident:				
Police contacted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time:	Date:
Police officer's name:			Phone Number:	
Police investigation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	
Has the Victim been offered any support services? If so, please describe the service/provider:				
Please list all individuals or organizations that have been informed of the alleged incident to date. (Example: districts, clubs, youth participant's legal guardians, district governor, youth protection officer, etc)				
Reporting person's name:				
Signed:				
Date				

## APPENDIX F13: PROJECT AND EVENT NOTIFICATION FORM

### Project and Event Notification Form

(This form is to be submitted to **DIO** prior to the commencement of any project/event)

To: District Insurance Officer \_\_\_\_\_ Email: \_\_\_\_\_  
(insert DIO's Name) (insert DIO's email address)

The Rotary Club of \_\_\_\_\_ (insert Rotary Club name)  
 wishes to advise that it will be conducting the following event/s as part of its activities and requires the event/s to be noted and included under the District Insurance Policies.

1. Is this Event organised and run by Rotary?  YES /  NO
2. Has the Club Board authorised this Event?  YES /  NO
3. Brief Description of Activity: \_\_\_\_\_
4. Date of Activity: \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration: From: \_\_\_\_\_ To: \_\_\_\_\_
5. Location of Activity: \_\_\_\_\_
6. Will the activity involve participation in any sport, game, match, race, practice, training course, trial, contest or competition?  YES /  NO If "YES", please provide copy of Disclaimer for the event
7. Have you been asked by any other organisation to indemnify them as a third Party? (If yes, refer to your District Insurance Officer for advice before entering into any agreement).  YES /  NO
8. Have you been asked to hold any other organisation "harmless" under the Rotary Insurance for the activity? (If "YES", refer to your District Insurance Officer for advice before entering into any agreement).  YES /  NO
9. Will the event involve persons under the age of 18yrs?  YES /  NO
10. Will the event involve amusement rides/devices?  YES /  NO
11. Will the event include markets and stall holders?  YES /  NO
12. Will alcohol be sold or supplied during the event?  YES /  NO
13. Approximate number of community participants: \_\_\_\_\_
14. Risk Management Form Completed?  YES /  NO
15. Certificate of Currency required?  YES /  NO
16. If applicable, provide details of parties that have requested to be noted as interested parties.  
 \_\_\_\_\_

Rotarian Contact: <small>(insert Rotarian's name)</small>	
Details: Phone Number: <small>(insert Rotarian's Phone Number)</small>	
Email address: <small>(insert Rotarian's Email Address)</small>	

#### DIO USE

DIO - COVER CONFIRMED UNDER ROTARY POLICY	<input type="checkbox"/> YES / <input type="checkbox"/> NO
DATE:	____/____/____

Note: For repetitive events such as BBQ's your DIO only needs this form to be completed once per year.

APPENDIX F14: ROTARY PROJECT RISK ASSESSMENT FORM



## Rotary Project Risk Assessment Plan

Template v0.1 202509

**Project Title:** [Insert Project Title]

**Project Manager:** [Name and Contact Information]

**Project Location:** [Location(s)]

**Assessment Date:** [Date]

**Team Members Involved in Risk Assessment:** [List Names and Roles]

### Introduction

Provide a brief overview of the project/event and the purpose of this risk assessment.

### Project Objectives:

1. [Objective 1]
2. [Objective 2]
3. [Objective 3]

### Purpose of Risk Assessment:

Describe why this risk assessment is being conducted and its importance to the project's success.

**Commented [LD1]:** This risk assessment is to be used to evaluate the risk for any Rotary purpose and can be used for:

- Property
- Events eg District Conference
- Cybersecurity
- Fraud
- Travel
- Projects incl District and Global Grants

### Risk Identification and Classification

List and describe potential risks that may affect the project/event. Categorize them into groups such as financial, operational, environmental, reputational, or safety risks. (Add categories and rows as needed.)

STEP 1 IDENTIFY THE HAZARDS		STEP 2 ASSESS THE CURRENT RISK, USE TABLES 1, 2, 3	STEP 3 CONTROL THE RISK	STEP 4 ASSESS THE REMAINING RISK, USE TABLES 1, 2, 3 AGAIN	STEP 5 ACTION TO BE TAKEN	STEP 6 ACCOUNTABLE PERSON TO IMPLEMENT ACTION AND DATE BY	
No. #	IDENTIFY THE HAZARDS	WHAT IS THE HARM ASSOCIATED WITH THE HAZARD?	IS THE RISK LOW, MEDIUM, HIGH, OR EXTREME?	WHAT CONTROLS ARE ALREADY IN PLACE AND WHAT ELSE NEEDS TO BE DONE TO REDUCE OR REMOVE THE RISK?	NOW THAT CONTROLS HAVE BEEN PUT IN PLACE, REASSESS THE RISK	LIST THE ACTIONS TO BE TAKEN	LIST THE PERSON WHO WILL IMPLEMENT THE ACTION
<b>Financial</b>							
1							
2							
<b>Operational</b>							

<b>Environmental</b>							
----------------------	--	--	--	--	--	--	--


<b>Reputational</b>							
---------------------	--	--	--	--	--	--	--


<b>Safety</b>							
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<b>Other</b>							
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## Monitoring and Review

Describe how risks will be monitored throughout the project lifecycle and how adjustments will be made.

### Monitoring Plan:

- Regular check-ins: [Frequency]
- Reports: [Type and Frequency of Reporting]
- Updates to the risk plan: [Describe Process]

### Review Schedule:

- [Describe how often the plan will be reviewed and updated.]

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## Emergency Response Plan

Prepare for unforeseen circumstances that may require immediate action.

<b>Risk ID</b>	<b>Emergency Response Strategy</b>	<b>Contact Information</b>
1	[Description of Emergency Response Strategy]	[Name/Phone/Email]
2	[Description of Emergency Response Strategy]	[Name/Phone/Email]
3	[Description of Emergency Response Strategy]	[Name/Phone/Email]

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## Approval and Sign-Off

Document acknowledgment and approval of the risk assessment plan by key stakeholders.

### Prepared By:

Name: [Preparer's Name]

Role: [Preparer's Role]

Date: [Date]

### Approved By:

Name: [Approver's Name]

Role: [Approver's Role]

Date: [Date]

Table 1: Consequence Rating Table

Consequence	Description
<b>Insignificant</b>	Won't cause serious injuries or illnesses
<b>Minor</b>	Can cause injuries or illnesses only to a mild extent
<b>Moderate</b>	Can cause injuries or illnesses that may require medical attention but limited treatment
<b>Major</b>	Can cause irreversible injuries or illnesses that require constant medical attention
<b>Catastrophic</b>	Can result in fatality

Table 2: Likelihood Rating Table

LIKELIHOOD	DESCRIPTION
<b>Almost Certain</b>	The event is expected to occur in most circumstances. (At least 5 times a year)
<b>Likely</b>	The event will probably occur in most circumstances. (At least twice a year)
<b>Possible</b>	The event might (or could) occur at some time. (At least once a year)
<b>Unlikely</b>	The event will probably not occur. (At least once in five years)
<b>Rare</b>	The event may only occur in exceptional circumstances

Table 3: Risk Analysis Matrix

LIKELIHOOD RATING	CONSEQUENCES – what is the maximum reasonable consequence?				
	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Medium	Medium	High	Extreme	Extreme
Likely	Low	Medium	Medium	High	Extreme
Possible	Low	Low	Medium	High	High
Unlikely	Low	Low	Low	Medium	High
Rare	Low	Low	Low	Low	Medium

Table 4: Hierarchy of Control

You may like to use the Hierarchy of Control and its levels to help you work out the best control for your risks. Start at the top (Level 1) for the most effective way of reducing your hazard and work your way down until you are happy that you have controlled your risk.

### 1. Eliminate hazards and risks

Highest level of protection and most effective control.

Eliminating the hazard and the risk it creates is the most effective control measure.



### 2. Reduce the risk

Reduce the risk with one or more of the following controls:

- **Substitution**  
Substitute the risks with lesser risks
- **Isolation**  
Isolate people from the risks
- **Engineering**  
Reduce the risks through engineering changes or changes to systems of work.



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### 3. Administrative controls

Low level of protection and less reliable control.

Use administrative actions to minimise exposure to hazards and to reduce the level of harm.



### 4. Personal protective equipment

Lowest level of protection and least reliable control.

Use personal protective equipment to protect people from harm.

