



# Emergency First Response Responders in Action Report Form

## Responders in Action.

When you use your skills as an Emergency Responder to care for an injured or ill person, we'd like to hear about it. The incident need not be dramatic, involve a life-threatening condition or necessarily have a favorable outcome. Sharing your story motivates and encourages others to use their skills and provide assistance in emergency situations. This information is also useful to monitor and gauge the effectiveness of Emergency First Response training and assist in future program development.

### PLEASE TYPE OR PRINT CLEARLY

Name \_\_\_\_\_  
Last Name First Name Middle Initial

Address \_\_\_\_\_

Town \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Date of your last Emergency First Response Certification/Recertification Course \_\_\_\_\_  
( Day/Month/Year )

Name of your EFR Instructor/Trainer \_\_\_\_\_ # \_\_\_\_\_

## Description of Events

Location of Incident \_\_\_\_\_

\_\_\_\_\_ Date of Incident \_\_\_\_\_  
( Day/Month/Year )

On the back of this form, or on a separate sheet of paper, please describe the incident, including the nature of the injury or illness, the skills used to render aid, and if possible, information on the outcome. Please type or print neatly and submit your report to the address below.

By marking this box I understand I am granting Emergency First Response Corp. permission to reprint the details of this incident for the benefit of other Responders. I understand details that may identify the patient will be omitted but my name as an Emergency Responder may be used.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (Month/Day/Year)

Please send completed form to David Donaldson, DRD Training, Raceview House, Enniskillen, BT74 6DT