



Category 2 – Collision/Contact Team Coverage Form

## DESCRIPTION

This form is used by Registrars to document completion of Category 2 – Collision/Contact Team Coverage event and team coverage requirements in the Training Program. This form must be completed by the Registrar, the team manager/contact and the ACSEP supervisor. Before the event, Registrars must seek approval from their CTS/ZTC to cover the event and inform National Office via email at [registrars@acsep.org.au](mailto:registrars@acsep.org.au).

## REGISTRAR AND EVENT/TEAM DETAILS

Registrar name		Year	
Stage of training		Training period	
Position at event			
Event/team name		Sport type	
Start date		End date	
Primary supervisor	<input type="checkbox"/> ACSEP Fellow (CTS) <input type="checkbox"/> Fellow of another College (CTI) <input type="checkbox"/> Other		
Team manager name		Team manager position	
ACSEP supervisor name		ACSEP supervision level	

## REGISTRAR ROLE DESCRIPTION

To be completed by the Registrar.

Overview of the Registrar's medical role and a description of the event/team.



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## PRE-SEASON INVOLVEMENT AND PLANNING

To be completed by the Registrar.

Overview of the Registrar's role within pre-season activities of the team.

## MEDICAL/MUSCULOSKELETAL CONDITIONS MANAGED

To be completed by the Registrar.

List of the significant medical or musculoskeletal problems managed by the Registrar and how they were managed. Note: All problems must be included in the Registrar's Training Logbook.

## REFLECTION

To be completed by the Registrar.

Describe the aspects of the coverage that went particularly well and aspects that were not expected or did not go according to plan. How would you change your approach to managing another similar event/team?



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## MEDICAL AND CONSULTATION SKILLS

To be completed by the ACSEP supervisor.

	Poor	Fair	Satisfactory	Good	Excellent	N/A
Pre-season screening and examination						
Pre-habilitation program						
Management of acute medical situations						
Management of injuries and illness						
Injury rehabilitation program						
Medical recordkeeping – accurate, detailed, up to date						
Follow on care – continuum of care of athletes suitable						
Additional comments – strengths or development areas						

## REGISTRAR STRENGTH AND DEVELOPMENT AREAS

To be completed by the Registrar and ACSEP supervisor.

Discuss the Registrar's strengths	Discuss the Registrar's areas for development



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Registrar name		Signature	
Date			
Team manager name		Signature	
Date			
Acknowledgement/appreciation letter received for coverage from team manager. Registrar to retain and present if requested.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
ACSEP supervisor name		Signature	
Date			
Overall outcome (determined by ACSEP supervisor)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		