

Student Critical Incident Report Form

FIRST RESPONDER TO COMPLETE SECTIONS A, B, C AND D

SECTION A: FIRST RESPONDER(S) DETAILS

Name of person reporting the incident:
Student <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/>
Contact Email:
Contact Mobile:
Date of this report: ____ / ____ / _____

SECTION B: STUDENT DETAILS*

Name:	Student identification number (ID):
Date of Birth:	Address:
Contact number:	Course:
Home country:	Passport number:
Is the student under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has contact been made with the student's next of kin/ emergency contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**If there is more than one student involved, please fill out a separate form for each student.*

SECTION C: INCIDENT DETAILS

This is the section where you fill out the details of the incident.

Date and time

When did the incident occur? If unsure, please select 'unknown'.

Date: ____ / ____ / _____	Time: ____ : ____ AM/PM	<input type="checkbox"/> Unknown
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Location

Did the incident occur on or off campus? <input type="checkbox"/> On campus <input type="checkbox"/> Off campus <input type="checkbox"/> Online

What was the exact physical location of the incident (if known)? For example, the street address and the description of the place the event occurred at.

Street number and name:

Description of place:

Unknown Not applicable

What was the online location of the incident (if known)?

Link:

Unknown Not applicable

Was anyone else involved in the incident? Yes No Unknown

Please provide name and contact details, if known.

Type

Please select the category that best represents the critical incident, i.e., choose only one.

- | | |
|--|---|
| <input type="checkbox"/> Critical mental health episodes | <input type="checkbox"/> Missing students |
| <input type="checkbox"/> Death, serious injury or any threats of these | <input type="checkbox"/> Physical, sexual or other abuse or assault |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Serious accidents |
| <input type="checkbox"/> Drug, alcohol, or other substance abuse | <input type="checkbox"/> Severe verbal or physical aggression |
| <input type="checkbox"/> Fire or natural disaster | |
| <input type="checkbox"/> Other, please specify: _____ | |

Incident details

Please provide a short description of what happened.

First aid

Did a first aider give treatment? Yes No (Go to the next part) Unknown (Go to the next part)

Name of the first aider who gave treatment:

What treatment did the first aider give?

Were emergency services involved/called?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to the next part)	
What service was initially called/involved?	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Fire department	<input type="checkbox"/> Police
Name of attending police officer and police event number (if applicable):			
Was the student hospitalised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to the next part)	
Name of the hospital:			

Other actions and outcomes

Were there any other actions taken at the initial response?

Witness information (if applicable)

Where possible, include details of anyone who witnessed the incident.

Witness type(s) (can select more than one):	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Public
Witness name:			
Witness contact details:			
Witness name:			
Witness contact details:			

SECTION D: REPORTING

Was the College Director notified of the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Time and date the incident was reported to the College Director:	____:____ AM/PM ____/____/____	
Name of the person who reported the incident:	<input type="checkbox"/> Same as SECTION A	

CASE MANAGER (OR DELEGATE) TO COMPLETE SECTIONS E, F AND G

SECTION E: REPORTING

Were there any other College delegate(s) to whom the incident was reported?	
Name:	Job title:
Time and date the incident was reported to the delegate: ____:____ AM/PM ____ / ____ / ____ <input type="checkbox"/> Unknown	
Name:	Job title:
Time and date the incident was reported to the delegate: ____:____ AM/PM ____ / ____ / ____ <input type="checkbox"/> Unknown	
Was the Executive General Manager and/or the CEO of University Partnerships Australasia at Navitas notified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (why?) _____	
Was the Director, Compliance & Student Affairs, University of Sydney notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who has been notified of the incident? <input type="checkbox"/> Parents <input type="checkbox"/> Legal guardians <input type="checkbox"/> Caregiver <input type="checkbox"/> Next of kin/ emergency contact person as requested on student's record <input type="checkbox"/> Consulate	
In the case of sexual, domestic or family violence, was a report made to 1800RESPECT/ 1800 737 732? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown By who? (if known) _____ Date made ____ / ____ / _____	
In the case of a death, serious injury/illness or dangerous incident, was a report to SafeWork NSW (13 10 50) made? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Has the place of the incident been secured for inspection by SafeWork NSW? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Has the College insurer been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown In a case of sexual misconduct, has the complainant agreed to a notification to police and to participating with an investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Has a report been made to the Department of Home Affairs via PRISMS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	

Outcome

What is the outcome of the incident for the student? Include date.
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Has a counsellor been allocated to the student by the College?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Did NSW Police contact the College for personal information about students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Is the written request attached as a file note?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Is a record of the information provided about the student attached as a file note?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

SECTION F: INCIDENT MANAGEMENT

Incident management

Has the Critical Incident Response (CIR) Coordinating Group been activated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes, what is the date the CIR was activated ____ / ____ / _____			
Please list the name(s) of the CIR coordinating group:			
<ul style="list-style-type: none">••••••			
Name of the case manager:			

SECTION G: CRITICAL INCIDENT ASSESSMENT

To be completed after initial report of the critical incident

Name of the person who completed this section: Same as SECTION A

Date completed: ____ / ____ / _____

Please select the primary cause that may have contributed to the critical incident.

- | | |
|---|---|
| <input type="checkbox"/> Accident | <input type="checkbox"/> Self-harm |
| <input type="checkbox"/> Other physical assault or harassment | <input type="checkbox"/> Sexual assault or harassment |
| <input type="checkbox"/> Physical illness | <input type="checkbox"/> Study circumstances |
| <input type="checkbox"/> Psycho-social pressure | |
| <input type="checkbox"/> Other, please specify: | |

Any further action(s) to be taken to resolve/address the incident and/or reduce the risk of reoccurrence?