



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 (SID): |
| Date of Birth: | NSW address: |
| Australian mobile 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 |
|-------------------------|-----------------------|----------------------------------|

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?

Emergency services

Were emergency services involved/called? Yes No (Go to the next part)

What service was initially called/involved? Ambulance Fire department Police

Name of attending police officer and police event number (if applicable):

Was the student hospitalised? Yes 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): Student Staff Public

Witness name:

Witness contact details:

Witness name:

Witness contact details:

SECTION D: REPORTING

Was the College Director notified of the incident? Yes No

Time and date the incident was reported to the College Director: ____:____ AM/PM ____/____/____

Name of the person who reported the incident: 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 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.

Has a counsellor been allocated to the student by the College? Yes No Unknown

Did NSW Police contact the College for personal information about students? Yes No Unknown

Is the written request attached as a file note? Yes No Unknown

Is a record of the information provided about the student attached as a file note? Yes No Unknown

SECTION F: INCIDENT MANAGEMENT

Incident management

Has the Critical Incident Response (CIR) Coordinating Group been activated? Yes No Unknown

If yes, what is the date the CIR was activated ____ / ____ / _____

Please list the name(s) of the CIR coordinating group:

-
-
-
-
-
-

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: | |

Has the matter been reported to the University for tabling of a Safety Report to the People and Culture Committee of Senate? Yes No

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