

# 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
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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?	<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?
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**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 Head of International Study Centres, SGA notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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? <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?  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?