

Critical Incident Report Form

Section 1 –Details of student or staff raising Critical Incident

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|---------------------|--|-----------------------|--|
| Client Name: | | Client Number: | |
| Contact Tel: | | Mobile: | |
| Address: | | | |
| Email: | | | |

Section 2 – Details of Critical Incident

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|--|-----------------------------|------------------------|-------------------------------|
| Date of Critical Incident: | | Time: | |
| Type of Incident: please circle CI type if not listed please give details in Other section. | Description | Location of CI | Who have you contacted |
| | Missing Student | | |
| | Severe Abuse | | |
| | Natural disaster | | |
| | Death of family member | | |
| | Serious injury | | |
| | Sexual Assault | | |
| | Domestic Violence | | |
| | Drug or alcohol abuse | | |
| | Witness a crime or violence | | |
| | Mental health issue | | |
| | Other: | | |
| Reported to: | | Position Title: | |

In the event that a student is deceased Pal Education staff are to contact next of kin or emergency contact as listed on enrolment form and advise embassy or consulate officials of the deceased student’s passport nationality.

Immediate Action Required by Pal Education Staff:

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Section 3 – Details of any local support network that you wish Pal Education Staff to contact

| Name | | Contact number: | | Email: | |
|------|--|-----------------|--|--------|--|
| Name | | Contact number: | | Email: | |
| Name | | Contact number: | | Email: | |
| Name | | Contact number: | | Email: | |

Section 4 - Details of any overseas family member or friend that you wish Pal Education Staff to contact

| Name | Country | Contact Number | email |
|------|---------|----------------|-------|
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Critical Incident Response Team:

| Name | Position | Date of Effect | Date of completion | Available after hours | |
|------|----------|----------------|--------------------|-----------------------|----|
| | | | | Yes | No |
| | | | | Yes | No |
| | | | | Yes | No |

Please list stakeholders for communication setup and log

| Name | Organisation | Contact details (email only) | Relationship to student |
|------|--------------|------------------------------|-------------------------|
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Section 5 – Witnesses to Incident

The following persons witnessed the incident:

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|---------------------|--|-----------------|--|
| Name 1: | | Contact: | |
| Address: | | | |
| Signature 1: | | Date: | |
| Name 2: | | Contact: | |
| Address: | | | |
| Signature 2: | | Date: | |

Section 6 - List Support Actions and Services

If student required to return home urgently and leave Australia and their studies, have we reassured student that?

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|---|---------|---|----------|
| CoE can be adjusted if required | Yes/ No | That a new training plan will be developed for completion of their studies with no additional costs at their return | Yes / No |
| Leave of absence letter supplied | Yes/ No | Supplied the student with a list of contacts for Pal Education staff while they are away. | Yes / No |
| Pal Education staff are able to contact local stakeholders if required | Yes/ No | Assured student that Pal Education staff will email them during their absence, offering support and any updates | Yes / No |
| If student is missing have Australian Department of Home Affairs been informed? | Yes/ No | Date of reporting: | Initial: |
| Have the police been informed? | Yes/ No | Date of reporting: | Initial: |
| Have community support been contacted? | Yes/ No | Date of contact: | Initial: |
| Have any Social Services been contacted? | Yes/ No | Date of contact: | Initial: |

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|--|---------|-------------------------|--|-----------------|--|
| Name of organisation: | | Name of contact: | | Contact number: | |
| Name of organisation: | | Name of contact: | | Contact number: | |
| Does student require Councillor? | Yes/ No | Date of contact: | | Initial: | |
| Did the student require hospitalisation? | Yes/ No | Date of Admission: | | Initial: | |
| Does the student require a stay in hospital? | Yes/ No | Approx. length of stay: | | Initial: | |
| Has the student contacted their embassy? | Yes/ No | Date of contact: | | Initial: | |
| Comments and other information: | | | | | |

Section 7 - Critical Incident Response Team actions:

| Action | Result | Date: | Date of update/ feedback/review | | | | | |
|---|---------|-------|---------------------------------|---------|------------------------|---------|------------------------|---------|
| | | | 1 st Update | Initial | 2 nd Update | Initial | 3 rd Update | Initial |
| Communications log updated: | Yes/ No | | | | | | | |
| SMS Updated | Yes/ No | | | | | | | |
| Student file updated | Yes/ No | | | | | | | |
| CEO Updated: | Yes/ No | | | | | | | |
| RTO Manager updated: | Yes/ No | | | | | | | |
| Admissions Manager (if applicable) updated: | Yes/ No | | | | | | | |
| External stakeholders updated: | Yes/ No | | | | | | | |
| Student status reviewed: | Yes/ No | | | | | | | |
| Check counselling sessions: | Yes/ No | | | | | | | |

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Section 9 – Signatures and End of Critical Incident Report

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|--|---------|-----------|--|-------|--|
| | | | | | |
| RTO Managers name: | | Signature | | Date: | |
| Student Support Officers name: | | Signature | | Date: | |
| Students name | | Signature | | Date: | |
| CEO name | | Signature | | Date: | |
| CIRT informed of closure of CI: | Yes/ No | Signature | | Date: | |
| Stakeholders informed of closure of CI: | Yes/ No | Signature | | Date: | |