

Critical Incident Report Form

Details of who the critical incident involved:			
Name:			
Address:		Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
		Other <input type="checkbox"/>	
	Phone:		
DOB:		Mobile:	
Email:			
Details of the critical incident			
What was the nature of the critical incident: (e.g.; car accident, assault)			
Where the incident occurred	<input type="checkbox"/> On campus <input type="checkbox"/> Off campus: <i>(insert)</i>		
Injured Person's Role: (e.g. student / trainer / member of public):			
Date of the incident:			
Time of the incident:			
Nature of the critical incident			
List all students, staff and members of the public involved, and their role in the incident:			
What caused the incident:			
What happened:			

<p>What immediate action was taken i.e. emergency services and/or emergency contact(s) phoned:</p>	<p><input type="checkbox"/> Phoned Police <input type="checkbox"/> Phoned Fire <input type="checkbox"/> Phoned Ambulance <input type="checkbox"/> Phoned GP <input type="checkbox"/> Other: (insert details)</p>
<p>Provide a general overview of action that will be required under the Critical Incident Management Plan, including the roles allocated to staff members:</p>	
<p>Is the student(s) and/or staff on a Welfare Management Plan:</p>	
<p>Outcome of review of and actions taken from the Critical Incident Management Procedure:</p>	
<p>Names and signatures</p>	
<p>Name of person experiencing the incident: Signature (if able to sign):</p>	<p>Date:</p>
<p><i>If Trainer was present at incident:</i> Trainer's Name: Signature:</p>	<p>Date:</p>
<p>Critical Incident Manager Name: Signature:</p>	<p>Date:</p>

Please scan and email this report to team@equinimcollege.com