

Critical Incident Form

Section 1 –Details of student or staff raising Critical Incident

Full Name		ID	
Contact Telephone		Mobile	
Address			
Email			

Section 2 – Details of Critical Incident

Date of Critical Incident		Time of Critical Incident	
Type of Incident: please tick the critical incident type if not listed please give details in Other section.	Description	Location of the incident	Who have you contacted
	<input type="checkbox"/> Missing Student		
	<input type="checkbox"/> Severe Abuse		
	<input type="checkbox"/> Natural disaster		
	<input type="checkbox"/> Death of family member		
	<input type="checkbox"/> Serious injury		
	<input type="checkbox"/> Sexual Assault		
	<input type="checkbox"/> Domestic Violence		
	<input type="checkbox"/> Drug or alcohol abuse		
	<input type="checkbox"/> Witness a crime or violence		
	<input type="checkbox"/> Mental health issue		
<input type="checkbox"/> Other			
Reported to		Position Title	

In the event that a student is deceased Grenfell Institute of Technology Australia's staff are to contact next of kin or emergency contact as listed on enrolment form/student file and advise embassy or consulate officials of the deceased student's passport nationality.

Immediate Action Required by Grenfell Institute of Technology Australia's Staff:

Section 3 – Details of any local support network that you wish Grenfell Institute of Technology Australia’s 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 Grenfell Institute of Technology Australia’s staff to contact

Name	Country	Contact number	Email

Critical Incident Response Team

Name	Position	Date of Effect	Date of completion	Available after hours
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list stakeholders for communication setup and log

Name	Organisation	Contact details (email only)	Relationship to student

Section 5 – Witnesses to Incident

The following persons witnessed the incident

Name 1		Contact	
Address			
Signature 1		Date	
Name 1		Contact	
Address			

Signature 1		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?					
CoE can be adjusted if required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	That a new training plan will be developed for completion of their studies with no additional costs at their return	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leave of absence letter supplied	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Supplied the student with a list of contacts for Grenfell Institute of Technology Australia's staff while they are away	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grenfell Institute of Technology Australia's staff are able to contact local stakeholders if required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Assured student that Grenfell Institute of Technology Australia's staff will email them during their absence, offering support and any updates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If student is missing, has Australian Department of Home Affairs been informed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Reporting	Initial	
Have the police been informed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Reporting	Initial	
Have community support been contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Contact	Initial	
Have any Social Services been contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Contact	Initial	
Name of organisation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of Contact	Contact number	
Does student require Councillor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Contact	Initial	
Did the student require hospitalisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Admission	Initial	
Does the student require a stay in hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approx. length of stay	Initial	
Has the student contacted their embassy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of contact	Initial	
Comments and other information					

Section 7 - Critical Incident Response Team actions

Action	Result	Date	Date of update/ feedback/review					
			1st Update	Initial	2nd Update	Initial	3rd Update	Initial
Communications log updated	<input type="checkbox"/> Yes <input type="checkbox"/> No							
SMS Updated	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Student file updated	<input type="checkbox"/> Yes <input type="checkbox"/> No							
CEO/PEO Updated	<input type="checkbox"/> Yes <input type="checkbox"/> No							
RTO Manager updated	<input type="checkbox"/> Yes <input type="checkbox"/> No							

Admissions Manager updated	<input type="checkbox"/> Yes <input type="checkbox"/> No							
External stakeholders updated	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Student status reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Check counselling sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Community support ongoing	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Student training plan update	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Critical incident process reviewed with stakeholders	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Feedback from all stakeholders	<input type="checkbox"/> Yes <input type="checkbox"/> No							

Section 8 – Student post interviews

Three-month interview	Date:	Notes	
Six-month interview	Date:	Notes	
Report completed for CEO	Date:	Notes	

Communications Log

Stakeholder	Method of contact	Date of contacts and Initials					
		Date	Initial	Date	Initial	Date	Initial

Section 9 – Signatures and End of Critical Incident Report

RTO Manager's Name		Signature		Date	
Student Support Officers Name		Signature		Date	
Student's Name		Signature		Date	
CEO Name		Signature		Date	
RTO has informed of closure of Critical Incident		Signature		Date	
Stakeholders informed of closure of Critical Incident		Signature		Date	