

# Critical Incident Report Form

## Section 1 – Details of student or staff raising Critical Incident

<b>Full Name:</b>		<b>Student Number:</b>	
<b>Contact Tel:</b>		<b>Mobile:</b>	
<b>Address:</b>			
<b>Email:</b>			

## Section 2 – Details of Critical Incident

<b>Date of Critical Incident:</b>		<b>Time:</b>	
<b>Type of Incident: please circle CI type if not listed please give details in Other section.</b>	<b>Description</b>	<b>Location of CI</b>	<b>Who have you contacted</b>
	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:		
<b>Reported to:</b>		<b>Position Title:</b>	

In the event that a student is deceased The Australian Institute of Commerce and Technology 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 The Australian Institute of Commerce and Technology Staff:

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**Section 3 – Details of any local support network that you wish The Australian Institute of Commerce and Technology Staff to contact**

Name		Contact number:		Email:	

**Section 4 - Details of any overseas family member or friend that you wish The Australian Institute of Commerce and Technology Staff to contact**

Name	Country	Contact Number	email

**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


**Section 5 – Witnesses to Incident**

**The following persons witnessed the incident:**

<b>Name 1:</b>		<b>Contact:</b>	
<b>Address:</b>			
<b>Signature 1:</b>		<b>Date:</b>	
<b>Name 2:</b>		<b>Contact:</b>	
<b>Address:</b>			
<b>Signature 2:</b>		<b>Date:</b>	

**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	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 The Australian Institute of Commerce and Technology staff while they are away.	Yes / No
The Australian Institute of Commerce and Technology staff are able to contact local stakeholders if required	Yes/ No	Assured student that The Australian Institute of Commerce and Technology 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:

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 <sup>st</sup> Update	Initial	2 <sup>nd</sup> Update	Initial	3 <sup>rd</sup> Update	Initial
Communications log updated:	Yes/ No							
SMS Updated	Yes/ No							
Student file updated	Yes/ No							
CEO/PEO Updated:	Yes/ No							
Academic Manager updated:	Yes/ No							
Admissions Manager updated:	Yes/ No							
External stakeholders updated:	Yes/ No							
Student status reviewed:	Yes/ No							
Check counselling sessions:	Yes/ No							
Community support ongoing:	Yes/ No							



**Section 9 – Signatures and End of Critical Incident Report**

<b>Compliance Managers name:</b>		Signature		Date:	
<b>Student Support Officers name:</b>		Signature		Date:	
<b>Students name</b>		Signature		Date:	
<b>CEO name</b>		Signature		Date:	
<b>CIRT informed of closure of CI:</b>	Yes/ No	Signature		Date:	
<b>Stakeholders informed of closure of CI:</b>	Yes/ No	Signature		Date:	