

Section 1 –Details of student or staff raising Critical Incident									
Full Name		Student Number							
Contact Tel			Mobile						
Address									
Email									
	Details of Critic	al Incident							
Date of Criti	cal Incident:			me:					
		Description		ocation of t		VAVIa a la como como a contra a tand			
		Description Missing St		cident		Who have you contacted			
		Severe A							
		Natural dis							
	dent: please	Death of family me							
	itical incident	Serious							
	sted please giv	e Sexual A							
details in Of	her section.	Domestic Vic							
		Drug or alcohol		9					
		Witness a crime or vio							
		Mental health	issue						
			Other						
Reported to			P	osition Title	е				
						kin or emergency contact as listed on			
		mbassy or consulate officials of t		ed student's	s passport n	nationality.			
Immediate A	Action Required	by Veritas Institute Australia'	s Staff:						
	Details of any lo	ocal support network that you	wish Veri	as Institute		s Staff to contact			
Name		Contact number			Email				
Name		Contact number				ail			
Name		Contact number			Email				
Name		Contact number			Email				
		verseas family member or frie			itas Institut				
Name Count		Country	Contact n	Contact number		Email			
	lent Response								
Name	Position	Date of Effect	Dat	Date of completion		Available after hours			
						Yes No			
						Yes No			
						Yes No			



				Ye	es N	lo
Please list stakeholders for Name	on setup and	Contact details (e	mail anly) Rolati	Relationship to student		
Name (Organisation		Contact details (6	eman omy) Relati	onsinp to stu	ueni
Onether F. Witnesses to be	-tal-ar					
Section 5 – Witnesses to In The following persons with		lont.				
Name 1	lessed the incid	ient.	Contact			
Address			Oontact			
Signature 1			Date			
Name 1			Contact			
Address						
Signature 1			Date			
Section 6 - List Support A			aava Australia and the	sir atudioa, baya wa ras	soured stude	ant that?
<u> </u>	o return nome u	rgently and i		eir studies, have we rea plan will be developed		ent that?
CoE can be adjusted if	Yes	No		their studies with no	Yes	No
required				sts at their return		
Leave of absence letter				nt with a list of contacts		
supplied	Yes	No		e Australia's staff while	Yes	No
Veritas Institute Australia's		they are away Assured student that Veritas Inst				
staff are able to contact loca	l Yes	No		email them during thei	r Yes	No
stakeholders if required			absence, offering si	upport and any updates	;	
If student is missing have	Vaa	Ma	Data of reporting		leitiel	
Australian Department of Home Affairs been informed	Yes	No	Date of reporting		Initial	
Have the police been		NI-	Data afarantian		1201	
informed?	Yes	No	Date of reporting		Initial	
Have community support	Yes	No	Date of Contact		Initial	
been contacted? Have any Social Services	100					
been contacted?	Yes	No	Date of Contact		Initial	
			Name of contact		Contact	
Name of organisation			Name of contact		number	
Does student require	Yes	No	Date of Contact		Initial	
Councillor? Did the student require						
hospitalisation?	Yes	No	Date of Admission		Initial	
Does the student require a	Voc	No	Approx. length of		Initial	
stay in hospital?	Yes	INO	stay:		Initial	
Has the student contacted	Yes	No	Date of contact		Initial	
their embassy?						
Comments and other						
information						
0 (1 7 0 1/1 1/1						
Section 7 - Critical Incident	Response lea	m actions:				



			Date of update/ feedback/review 1st 2nd 3rd						
Action	Result	Date	1st Update In		tial	2nd Update	ate Initial		ate Initial
Communications log									
updated	Yes / No								
SMS Updated	Yes / No								
Student file updated	Yes / No								
CEO/PEO Updated	Yes / No								
RTO Manager updated									
Admissions Manager updated	Yes / No								
External stakeholders updated	Yes / No								
Student status reviewe									
Check counselling sessions	Yes / No								
Community support ongoing	Yes / No)							
Student training plan update	Yes / No								
Critical incident proces	ss Yes/ No								
stakeholders									
Feedback from all	Yes / No)							
stakeholders									
Section 8 – student p	ost interviews								
Three-month interview		Date: Notes							
Six-month interview		Date:		Notes	3				
Report completed for CEO		Date:		Notes	3				
Communications Log	9								
Stakahaldar	Method of	Date of conta	cts and In	itial					
Stakeholder	contact	Date Initial			Date		Initial Da		Initial



Section 9 - Signature	es and End of C	Critical Incident	Report				
Compliance Managers name:				Signature		Date	
Student Support Of	ficers name:			Signature		Date	
Students na	ame			Signature		Date	
CEO nan	ne			Signature		Date	
Veritas informed of closure of CI:				Signature		Date	
Stakeholders informed of closure of CI:				Signature		Date	