



**CRITICAL INCIDENT FORM**

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

Full Name		ID	
Contact Tel		Mobile	
Address			
Email			

**Section 2 – Details of Critical Incident**

Date of Critical Incident:		Time:	
Type of Incident: please circle the critical incident type if not listed please give details in Other section.	<b>Description</b>	<b>Location of the incident</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			
Reported to		Position Title	

In the event that a student is deceased Veritas Institute Australia’s 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 Veritas Institute Australia’s Staff:**

**Section 3 – Details of any local support network that you wish Veritas Institute Australia’s Staff to contact**

Name	Contact number	Email

**Section 4 - Details of any overseas family member or friend that you wish Veritas Institute 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	
				Yes	No
				Yes	No



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				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 1</b>		<b>Contact</b>	
<b>Address</b>			
<b>Signature 1</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 Veritas Institute Australia’s staff while they are away	Yes	No
Veritas Institute Australia’s staff are able to contact local stakeholders if required	Yes	No	Assured student that Veritas Institute Australia’s 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	
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					



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**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	Yes / No							
SMS Updated	Yes / No							
Student file updated	Yes / No							
CEO/PEO Updated	Yes / No							
RTO 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							
Student training plan update	Yes / No							
Critical incident process reviewed with stakeholders	Yes / No							
Feedback from all stakeholders	Yes / No							

**Section 8 – student post interviews**

<b>Three-month interview</b>	Date:	Notes	
<b>Six-month interview</b>	Date:	Notes	
<b>Report completed for CEO</b>	Date:	Notes	

**Communications Log**

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



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

<b>Compliance Managers name:</b>		<b>Signature</b>		<b>Date</b>	
<b>Student Support Officers name:</b>		<b>Signature</b>		<b>Date</b>	
<b>Students name</b>		<b>Signature</b>		<b>Date</b>	
<b>CEO name</b>		<b>Signature</b>		<b>Date</b>	
<b>Veritas informed of closure of CI:</b>		<b>Signature</b>		<b>Date</b>	
<b>Stakeholders informed of closure of CI:</b>		<b>Signature</b>		<b>Date</b>	