



F25 CRITICAL INCIDENT FORM

Details of student or staff raising the Critical Incident			
Name		Student Number (if student)	
Contact number:			
Email ID:			
Address:			
Critical Incident Details			
Date of Critical Incident:		Time:	
Type of Critical Incident		Location Incident Occurred	Who was contacted
Missing Student			
General Health issue			
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(please specify):			
Details of any local and/or overseas contact you wish to provide to QCVE staff to contact			
Name	Contact	Email	



What should be the immediate action required by QCVE Staff			
CRITICAL INCIDENT RESPONSE TEAM			
Name	Position	Date Effect	Available after hours
			Yes No
			Yes No
			Yes No
Please list stakeholders for communication log			
Name	Phone	Email	Relationship to the student
Witnesses			
Name 1:		Contact:	
Address:			
Email:			
Signature 1:		Date:	
Name 2:		Contact:	
Address:			
Email:			
Signature 2:		Date:	



Support Actions and Services									
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 QCVE staff while they are away.						Yes / No	
QCVE staff are able to contact local stakeholders if required	Yes/ No	Assured student that QCVE staff will email them during their absence, offering support and any updates						Yes / No	
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	
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:		Contact Person:		Contact Number:					
Name of Organisation:		Contact Person:		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									
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								



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							
Student Training plan updated	Yes/ No							
Critical incident process reviewed with stakeholders:	Yes/ No							
Feedback from all stakeholders	Yes/ No							

Student Post Interviews

Three-month interview	Yes/ No	Notes:	
Six-month interview	Yes/ No	Notes:	
Report completed for CEO:	Yes/ No	Notes:	

Communications Log

Stakeholder	Contact Method and Brief notes	Date of contacts and Initial					
		date	Initial	date	Initial	date	Initial



End of Critical Incident Report

Compliance Managers name:		Signature		Date:
Student Support Officers name:		Signature		Date:
Students name		Signature		Date:
CEO name		Signature		Date:
CIRT informed of closure of Critical Incident:	Yes/ No	Signature		Date:
Stakeholders informed of closure of Critical Incident:	Yes/ No	Signature		Date: