

**CRITICAL INCIDENT RECORD**

|  |  |
| --- | --- |
| **Date:**Click here to enter text. | **Record completed by:**Click here to enter text. |

***(For multiple people involved in incident- complete individual Critical Incident Records for each person impacted)***

**Details of Person Involved in Incident:**

|  |  |
| --- | --- |
| **Student ID Number:**Click here to enter text.  *(If applicable)* |  |
| **Name:**Click here to enter text.  **(Surname)** | Click here to enter text.  **(Given Names)** |
| **ADDRESS IN AUSTRALIA:**  **Unit/Flat No.** Click here to enter text. **Street No.** Click here to enter text.  **Suburb**:Click here to enter text. | **Street Name:**Click here to enter text.  **State**: Click here to enter text. **Postcode:** Click here to enter text. |
| **Phone (Australia):**  **Home:**Click here to enter text. | **Mobile:**Click here to enter text. |
| **HOME COUNTRY ADDRESS:** *(If applicable)*  Click here to enter text. |  |
| **Phone Contact (Home Country):**  **Home:**Click here to enter text. | **Mobile:**Click here to enter text. |
| **Emergency Contact/Next of Kin**  **Name:**  Click here to enter text. | **Emergency Contact/Next of Kin Relationship to Person:**  Click here to enter text.  **Date contacted:** Click here to enter a date. |

**Agent Details:** *(If applicable for Student cases)*

|  |  |
| --- | --- |
| **Agent Name::**Click here to enter text. | **Contact Name:**Click here to enter text. |
| **Agent Address:**Click here to enter text. | **Agent Branch:** (*If applicable*) |
| **Phone:**Click here to enter text. | **E-mail:**Click here to enter text. |

**Incident Manager:**

|  |  |
| --- | --- |
| **Name::**Click here to enter text. | **Position:**Click here to enter text. |
| **Phone: Mobile:**Click here to enter text.  **Phone Work:** Click here to enter text. | **E-mail:**Click here to enter text. |

**Contact Details – Critical Incident Team and Support**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Member 1** | **Member 2** | **Member 3** |
| **Name:** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Position:** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Phone (Work):** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Phone (Mobile):** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **E-mail:** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Description of Incident:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time** | **Location** | **On-Campus?** |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Details of Incident:**  Click here to enter text. | | | |

**Diary of Action Taken:**

*(Record of events related to the case):*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time** | **Action Taken** | **Staff Member** |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Consulate Details – Fatalities:** Contact details for Consulates in Australia can be found at the following address**:**

[**http://protocol.dfat.gov.au/Consulate/list.rails**](http://protocol.dfat.gov.au/Consulate/list.rails)

**Has the appropriate Consulate/Embassy been informed?  Yes  No  N/A**

**If Yes – Please provide details below:**

|  |  |
| --- | --- |
| **Consulate/Embassy:**Click here to enter text. | **Contact Name:**Click here to enter text. |
| **Address:**Click here to enter text. |  |
| **Phone:**Click here to enter text. | **E-mail:**Click here to enter text. |

**Required Follow Up After the Incident:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time** | **Action Taken** | **Staff Member** |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**RECORD MANAGEMENT** *(If required Record to be filed on both Student and Staff locations)*

**STUDENT RELATED MATTER:**

**Uploaded to Student File on Kent Student Information System –**

**Staff Member:** Click here to enter text. **Date:**Click here to enter a date.

**STAFF RELATED MATTER:**

**Copy filed on Staff Personnel File**

**Staff Member:** Click here to enter text. **Date:**Click here to enter a date.

**Reported by Executive Manager Risk & Compliance/Governing Board Secretary to Audit & Risk Management Committee**

**Date:** Click here to enter a date.