



HAZARD OR INCIDENT REPORT FORM

1. Personal Details (Students to provide Student ID Number below)

	Kent Student ID: <input style="width: 90%;" type="text"/>
Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other:
Family Name:	<input style="width: 95%;" type="text"/>
Given Names:	<input style="width: 95%;" type="text"/>
Contact Details:	(Mobile): <input style="width: 40%;" type="text"/> E-mail: <input style="width: 40%;" type="text"/>

2. Details of Person/s Affected (Please provide Student ID Number if available) (Go to Item 3 if the details above are the same).

	Kent Student ID: <input style="width: 90%;" type="text"/>
Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other:
Family Name:	<input style="width: 95%;" type="text"/>
Given Names:	<input style="width: 95%;" type="text"/>
Date of Birth (if available):	(DD/MM/YY) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contact Details	Mobile: <input style="width: 40%;" type="text"/> E-mail: <input style="width: 40%;" type="text"/>

3. Emergency Contact

1 st Emergency Contact:			
Contact Number:	Mobile <input style="width: 40%;" type="text"/>	Email: <input style="width: 40%;" type="text"/>	
Relationship:	<input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Other:		
2 nd Emergency Contact:			
Contact Number:	Mobile <input style="width: 40%;" type="text"/>	Email: <input style="width: 40%;" type="text"/>	
Relationship	<input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Other:		
Comments:			

4. Details of Hazard / Incident

Date and Time:	<input style="width: 80%;" type="text"/>
Location:	<input style="width: 95%;" type="text"/>
Type of Hazard / Incident:	<input style="width: 95%;" type="text"/>

4. Details of Hazard / Incident (Cont....)

Brief description of incident or hazard (attach any evidence or documentation you can provide):

5. Witnesses (provide details if possible)

Name:	Contact Number:
Name:	Contact Number:

6. Declaration

I declare that the information supplied in this form is true and correct. I understand that Kent Institute Australia will take remedial corrective action if the information provided is false and misleading.

Name:	
Signature:	Date:

OFFICE USE ONLY

Action in response to this Report: _____ Staff Member Receiving: _____ Date: / /

Report provided to:

Position: _____ Date: / /

Signature: _____

Further action required (if applicable): _____

_____ Actioned: _____ Date / /

Completed Report on Hazard and Incident Report Register: Yes Staff Member: _____ Date: / /

Final Sign Off: _____ Date: / /

Advised Originator of Report of outcomes: _____ Date: / /