



NOTIFIABLE INCIDENT REPORT

Forward promptly to Education Office and School Care

Email: DECD.schoolcare@sa.gov.au or Fax 8463 6620 or Phone 8463 6564

PLEASE PRINT CLEARLY

1	Education Director:	
	School / Pre-School:	Site No.
2	Principal / Director:	Telephone:
	Date of Incident:	Time of Incident: :

Affected Person (s)

Type of Incident

3	<input type="checkbox"/> Student/Child (attends site) <input type="checkbox"/> Teacher <input type="checkbox"/> Support Staff <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Site Leader <input type="checkbox"/> Community Member <input type="checkbox"/> Volunteer <input type="checkbox"/> Education Director <input type="checkbox"/> International Student <input type="checkbox"/> Unknown at this stage <input type="checkbox"/> Bus Driver <input type="checkbox"/> Grounds-Person <input type="checkbox"/> Taxi Driver <input type="checkbox"/> Student/Child (not this site) <input type="checkbox"/> Intruder <input type="checkbox"/> Visitor <input type="checkbox"/> No Participants	<table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Alcohol and other substances</td> <td style="width: 33%;"><input type="checkbox"/> Other (miscellaneous)</td> </tr> <tr> <td><input type="checkbox"/> Alleged staff misconduct</td> <td><input type="checkbox"/> None of the Above</td> </tr> <tr> <td><input type="checkbox"/> Bullying</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Death</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Drugs</td> <td></td> </tr> <tr> <td><input type="checkbox"/> e-Crime</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Injury/Illness</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Intruder(s)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Ran Away and or Missing</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Property Damage</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Self-Harm</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sexual Abuse</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sexual Behaviour</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Student Followed/Approached</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Verbal Abuse</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Violence – Threatened/Actual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Weapons</td> <td></td> </tr> </table>	<input type="checkbox"/> Alcohol and other substances	<input type="checkbox"/> Other (miscellaneous)	<input type="checkbox"/> Alleged staff misconduct	<input type="checkbox"/> None of the Above	<input type="checkbox"/> Bullying		<input type="checkbox"/> Death		<input type="checkbox"/> Drugs		<input type="checkbox"/> e-Crime		<input type="checkbox"/> Injury/Illness		<input type="checkbox"/> Intruder(s)		<input type="checkbox"/> Ran Away and or Missing		<input type="checkbox"/> Property Damage		<input type="checkbox"/> Self-Harm		<input type="checkbox"/> Sexual Abuse		<input type="checkbox"/> Sexual Behaviour		<input type="checkbox"/> Student Followed/Approached		<input type="checkbox"/> Verbal Abuse		<input type="checkbox"/> Violence – Threatened/Actual		<input type="checkbox"/> Weapons	
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Action Taken

4	<input type="checkbox"/> Ambulance Services <input type="checkbox"/> Counselling: School Based <input type="checkbox"/> Counselling: Other <input type="checkbox"/> Crisis Care <input type="checkbox"/> CAMHS involvement <input type="checkbox"/> Families SA Regional Office notified <input type="checkbox"/> Fire Services <input type="checkbox"/> Injury Tab Completed <input type="checkbox"/> Lockdown <input type="checkbox"/> Mandatory Notification <input type="checkbox"/> Medical Assistance (doctor, hospital, etc)	<input type="checkbox"/> First Aid <input type="checkbox"/> Office of Technical Regulator (gas/electricity) <input type="checkbox"/> Notified Parent/Caregiver <input type="checkbox"/> Police Attended <input type="checkbox"/> Report to Police by site - AP Report No. _____ <input type="checkbox"/> Right to Report to Police explained <input type="checkbox"/> Regional Office contacted <input type="checkbox"/> SafeWork SA <input type="checkbox"/> School Community notified <input type="checkbox"/> Support Services contacted
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Initial Assessment by Site Manager: *If insufficient space is provided on this form, please attach additional sheet*

5	Please ensure you document the following: WHAT HAPPENED? and WHAT ACTIONS WERE TAKEN BY THE SITE?												
6	<table style="width: 100%;"> <tr> <td style="width: 35%;">Reported by:</td> <td style="width: 30%;">Reported on:</td> <td style="width: 35%;">Additional Support Required <input type="checkbox"/></td> </tr> <tr> <td colspan="3">(School Care - Action Taken)</td> </tr> <tr> <td colspan="3">Director Incident Management</td> </tr> <tr> <td colspan="3">Division (Comments)</td> </tr> </table>	Reported by:	Reported on:	Additional Support Required <input type="checkbox"/>	(School Care - Action Taken)			Director Incident Management			Division (Comments)		
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