



SECTION 1 – DETAILS OF STUDENT OR STAFF RAISING A CRITICAL INCIDENT

Full Name:

Mobile:

Student / Employee ID:

Class/Designation:

Date of Critical Incident:

Time:

Description

Location of the Incident Who have you contacted

Select an option:

Missing Student

Severe Abuse

Natural Disaster

Death of a family member

Serious Injury

Physical Assault

Sexual Assault

Domestic Violence

Drug or Alcohol Abuse

Witness a Crime or Violence

Mental Health Issue

Other

Reported to:

Position Title:

IMMEDIATE ACTION REQUIRED BY IQY AUTHORITY:

Large empty text area for reporting immediate actions required by IQY authority.

SECTION 3 – DETAILS OF ANY LOCAL SUPPORT NETWORK THAT YOU WISH IQY TO CONTACT

Name:		Contact Number:		Email:	
Name:		Contact Number:		Email:	
Name:		Contact Number:		Email:	
Name:		Contact Number:		Email:	

SECTION 4 – DETAILS OF ANY OVERSEAS FAMILY MEMBER OR FRIEND THAT YOU WISH IQY STAFF TO CONTACT

Name	Country	Contact Number	Email

CRITICAL INCIDENT RESPONSE TEAM (CIRT)

Name	Position	Contact (BH)	Contact (AH)

PLEASE LIST ALL THE STAKEHOLDERS FOR COMMUNICATION SETUP AND LOG

Name	Organisation	Contact Details (email)	Relationship to Student / Staff

SECTION 5 – WITNESSES TO AN INCIDENT

The following persons witnessed the incident:

Name 1:		Contact:	
Address:			
Name2:		Contact Number:	
Address:			

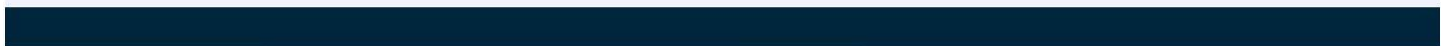
SECTION 6 – LIST STUDENT SUPPORT ACTIONS

If student is required to return home urgently and leave Australia and suspend their studies, have we re-assured student that:

	Yes	No	N/A		Yes	No	N/A
COE can be adjusted if required				New Training plan will be developed for completion of studies with no additional costs at their return			
Leave of Absence Letter is supplied				Assured Student that IQY will email them during their absence, offering support and any updates			
IQY staff can contact the local stakeholder if required				Provided student the list of contacts for IQY's staff while they are away			
If student is missing have Australian Department of Home Affairs been informed?				Date of reporting			

Have Police been informed?	Yes	No	N/A		
Have Community Support been contacted?	Yes	No	N/A		
Does Student require hospitalisation?	Yes	No	N/A		
Does Student require counselling?	Yes	No	N/A		
Staff and Students are aware about the process followed during Critical Incident policy.	Yes	No	N/A		
Team has been designated to provide support and guidance to students.	Yes	No	N/A		
Safety of student and others confirmed.	Yes	No	N/A		
Incident reported to the Emergency services (By Dialling 000- Police, Fire, Ambulance)	Yes	No	N/A		
Incident reported to COO/CEO	Yes	No	N/A		
Written Critical incident record is maintained	Yes	No	N/A		
Arrangements have been made for Media management	Yes	No	N/A		

COMMENTS AND OTHER INFORMATION



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SECTION 7 – STUDENT POST INTERVIEWS

3- Month Interview	Yes	No	N/A	Notes	
	Yes	No	N/A		

Report Completed for CEO/COO.	Yes	No	N/A		
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SECTION 8 – SIGNATURE AND END OF CRITICAL INCIDENT FORM

Student Support Officer Name				Signature	
Student's Name				Signature	
Chief Operating Officer				Signature	
National Quality & Compliance Manager				Signature	
Director				Signature	
Chief Executive Officer				Signature	