



## CRITICAL INCIDENT FORM

Details			
Name		Student Number/Staff Number (if applicable)	
Course Name		Contact Number	
Email		Position	
<input type="checkbox"/> Injury to staff	<input type="checkbox"/> Vehicle accident	<input type="checkbox"/> Fire	
<input type="checkbox"/> Property damage	<input type="checkbox"/> Theft / Loss	<input type="checkbox"/> Assault	
<input type="checkbox"/> Injury to student	<input type="checkbox"/> Environmental damage	<input type="checkbox"/> Other	
If other, please specify:			
<hr style="border: 0; border-top: 1px solid #ccc; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid #ccc; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid #ccc; margin-bottom: 5px;"/>			
Time and Location of Critical Incident			
Date		Time	
Location			
Person(s) involved (including witnesses)			
Name	Address	Phone Number	
Description of Incident			
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**Description of Injury**

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**Description of Damage**

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**Were any other services involved in the incident? (If yes, please attach a copy of the report)**

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**Comments:**

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**RTO USE ONLY**

Received by:

Signature:

Date Received:

*VETtrak updated*

*Documents filed/uploaded*

*Email sent to the student*

**Parramatta Campus**

Suite 1, 191 Church Street Parramatta NSW 2150

**Camellia Campus**

Suite 2C L1, 1C Grand Avenue Camellia NSW 2142

**International Students**

[info@stc.edu.au](mailto:info@stc.edu.au)

1-800-STC-EDU (1800-782-338)

(02) 8806 3939 | +61 466 666 913

**Domestic Students**

[info@signaturetraining.edu.au](mailto:info@signaturetraining.edu.au)

(02) 8896 2036 | +61 452 232 813

+61 460 003 311