### EduSafe Logo 100

### eduSafe Incident Notification Proforma

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| SCHOOL DETAILS |
| **School Name:**  | **School Number:**  |
| **Campus/Location:**  |

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| WHO EXPERIENCED THE INCIDENT? |
| **First Name:**  | **Gender:**  |
| **Last Name:**  | **DOB:**  |
| **Address:**  | **Phone Number:**  |
| **Type:** Student Visitor – Parent Visitor – Other | **[ ]** **[ ]** **[ ]**  |

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| WHEN DID THE INCIDENT OCCUR? |
| **Time Category:** (select one)   | School Hours – Class Time School Hours – Non-Class TimeSchool Day – Before or after School Hours Weekend or Public Holiday | **[ ]** **[ ]** **[ ]** **[ ]**  |
| **Date:**  | **Time:**  |

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| WHAT HAPPENED? |
| **Details of Incident:** |

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| WHERE DID THE INCIDENT OCCUR? |
| **Location:**  |
| **Details:** |

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| OTHER COMMENTS: |
|  |

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| FORM COMPLETION? (who filled in this form) |
| **First Name:**  | **Last Name:**  |
| **Date:**  | **Signed:**  |