CRITICAL INCIDENT REPORT

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| **CRITICAL INCIDENT REPORT** |
| **Date of Incident:** |  | **Time of Incident:** |  |
| **Location of Incident:** |  | **Date & Time Incident Reported:** |  |
| **Incident Manager:** |  |

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| **INITIAL ASSESSMENT** |
| **Whereabouts of Student(s):** |  |
| **State of Student(s) health/wellbeing:** |  |
| **Nearest local contact:** |  |
| **Immediate assistance required:** |  |
| **Emergency services notified:** |  |
| **Primary contact notified:** |  |
| **Placement organisation notified:** |  |

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| **STUDENT DETAILS** |
| **Surname** | **Forename(s)** | **Sex** | **Date of Birth** | **Course** |
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| **INCIDENT DETAILS** |
| **Who is involved:** |  |
| **What happened:** |  |
| **How it happened:** |  |
| **Action taken:** |  |
| **Current situation:** |  |
| **Next steps:** |  |
| **Other information:** |  |