

CRITICAL INCIDENT REPORT FORM

*True Education Pty Ltd t/a Technical Education Development Institute and t/a Technical Electronics Centre
(hereby referred as TEDI)*

Part A

Details of Person completing the form	Name:			
	Phone no:			
	Email address:			
Date and Time of Incident				
Location of the incident				
Brief description of Incident	Type of Incident:			
	Description of Incident:			
Name and contact details for witnesses to the incident				
Was anyone injured	No (Complete Part C)		Yes (Complete part B)	

Part B

Details of Injured Person	Name:			
	Gender:	☐ Male ☐ Female ☐ Prefer not to say ☐ Other / Please specify		
	Date of Birth:			
	Contact details:			
	Emergency contact details:			
Description of Injury				
Treatment Required	☐ No ☐ First Aid ☐ Doctor ☐ Hospital admission ☐ Other, please specify _____			

Part C – Additional Details		
Description of damage		
Were there any other services involved/attended? (e.g., police, ambulance, fire)? (If yes, attach a copy of the report)		
Person/s involved		
Name:	Contact Number	Address:
Recommended Actions Taken by Technical Education Development Institute (TEDI)		
Checklist ☐ Incident entered into Critical Incident Register ☐ PRISMS notification required? ☐ Yes ☐ No (If yes, date submitted: _____) ☐ Follow-up counselling or support provided ☐ Referred for continuous improvement review ☐ Document filed in accordance with Records Management Policy		
Sign:	Date:	