

INCIDENT NOTIFICATION FORM

How to use this form?

This form is to be used for Neuro Vic staff, external placement / work experience staff, volunteers and contractors to report incidents, injuries and hazards for themselves, or on behalf of other employees. Not all questions are required, simply complete the information to be best of your knowledge.

Who can use this form?

Internal staff, external (placement) staff, volunteers and contractors.

How to lodge an incident report?

This form can be completed online or printed. The staff member, volunteer or contractor should complete the form and forward it to the Director / Safeguarding Officer at Neurodiversity Victoria via email at tom@neurodiversity.org.au or via mail at 4 Neva Crt, Torquay VIC 3228 or in person.

Attach any relevant photos or documents with the incident form

For further information see, [Incident, Near Miss and Injury Classifications Index](#) below.

Your Details

Name	Organisation/ Company
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Initial incident Reporting Details

Workplace Details

Organisation Name:	Location:
Workplace Manager:	

What happened?

What type of incident are you reporting?	<input type="checkbox"/> Injury / Abuse	<input type="checkbox"/> Near Miss
Description of the incident or event that was narrowly avoided:		

If near miss, what was the source of potential harm	
Who was notified of the incident?	

Where did the incident or near miss occur?		
<input type="checkbox"/> Host school	<input type="checkbox"/> Offsite (e.g. host workplace / community centre)	<input type="checkbox"/> In transit
Enter incident location:		
Any additional location information:		

What was the date and time the incident occurred?			
Enter date:		Enter time:	
<input type="checkbox"/> Date and time is approximate			
If multiple occurrences over what period did this occur, please enter date range:		to	
What was time period for when the incident occurred	<input type="checkbox"/> During school or normal working hours (Monday – Friday) <input type="checkbox"/> During school or normal working hours (weekend) <input type="checkbox"/> Historical <input type="checkbox"/> Outside school or normal working hours <input type="checkbox"/> Unknown		
Enter any additional information			

Who was involved?	
Enter the details of the person affected or injured by the incident	
Name of affected person:	
Address:	
Contact number:	
Email address:	
Date of Birth:	

Organisation/Company (if relevant):	
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Was this person injured, harmed or abused?

<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please complete the following section.			
How did the incident happen?			
What was the source of harm associated with the incident?			
What best describes the nature of the incident / injury / harm:			
Was first aid administered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If first aid was administered, please enter details:			
Was medical treatment provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please select the medical treatment provided:	<input type="checkbox"/> Nurse <input type="checkbox"/> Ambulance	<input type="checkbox"/> Doctor <input type="checkbox"/> Hospital admission	
Enter any additional medical treatment information:			
Do you suspect this person is affected by family violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Do you suspect this person has been sexually abused (either on-site or prior to placement)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure

Enter any person who are an alleged causal party to the incident

Select the person type	<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor
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Neurodiversity Victoria

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	<input type="checkbox"/> Other/Unknow
Name of the person involved:	
Address	
Contact number	
Email address	
Organisation/Company	

Enter any person/s who are witness to the incident		
	Witness 1	Witness 2
Select the person type:	<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/> Other	<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/> Other/Unknow
Name of the witness:		
Address:		
Contact number:		
Email address:		
Organisation/Company:		