



This form should be completed as soon as practicable and, in any event, within 48 hours of the incident, saved for your records and provided to:  
 Manager Regulation, Schools and Early Childhood, Non-Government Schools Branch  
 Postal address: PO Box 1766 OSBORNE PARK DC WA 6017  
 Email: ngs@des.wa.gov.au Telephone: (08) 9441 1900 Facsimile: (08) 9441 1901

### Critical and emergency incident report

Refer 2015 Registration Standards and Requirements - Section 4.4 - Critical Incidents

**1. School Details**

<b>School:</b>	
<b>Chair of Governing Body:</b>	<b>Principal:</b>
<b>Email address:</b>	<b>Telephone:</b>

**2. Date, time and location of incident**

<b>Date of Incident:</b>	<b>Time of Incident:</b>
<b>Location of Incident:</b>	

**3. Affected Person(s)** Select as appropriate

Whole School	Teaching Staff	Other Schools
Student(s)	Support Staff	Other (please specify)
Parent(s) / Caregiver(s)	Volunteer(s) / Visitor(s)	

**4. Type of Incident** Select as appropriate

Accident leading to major injury or death	Intruders
Loss of Life	Weapons
Medical Emergency	Bomb Threat
Fire	Threat of Physical Violence
Natural or Physical Disaster	Actual Physical Violence
Child Abuse	Major act of Vandalism or Burglary (causing major interruption to school)
Sexual Abuse	Other (please specify)
Drugs	

**5. Action Taken** Select as appropriate

Police / Emergency Services advised	School Critical and Emergency Incident Policy followed
Department for Child Protection advised	School premises secured
Chair of school governing body advised	Counselling sought
Department of Education Services advised	Health and Safety Services advice sought
Teacher Registration Board advised	Suspension / Expulsion of Student
Parent(s) / Caregiver(s) advised	Staff stood down
AISWA advice sought	Other (please specify)
CEOWA advice sought	

**6. Brief description of the incident**

(If there is insufficient space on this form, please state 'Refer to attached' and provide a separate sheet(s))

**Authorised Critical Incident Reporter:****Name:****Position:****Date:****7. Brief statement on effectiveness of school policies (If applicable)**

Thank you for completing this Critical Incident Report. An Officer from the Department of Education Services (DES) will contact you shortly.

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**DES internal use only:**

Submitted via:      Email      Facsimile      Mail      Verbally (via telephone)

STARS Incident Number:      Related TRIM Reference(s):

DES Staff member:

Position:

Date: