

BARKLY INTERNATIONAL COLLEGE

CRICOS PROVIDER NUMBER 03136D (VIC)

RTO PROVIDER NUMBER 22238

F.07V03 Critical Incident Initial Report Form

Date the incident occurred: Time:
Location where incident occurred:
Name of person the incident was reported to:
Name of person reporting the incident:
Who does the incident relate to? (tick most appropriate)
Staff Member Student
Name of person(s) involved in the incident: 1.
2 3
4 5
Please provide a brief description of the incident below: (attach extra pages if required)

Contact details of relevant person(s):

Name:	Phone:	
Name:	Phone:	
Name:	Phone:	

Document Information

Title:	F.07V03 Critical Incident Initial Report Form	Version No:	V3.0
Reviewer:	Administration	Date Created:	1 January 2018
Address:	Level 1, 377 Lonsdale Street, Melbourne VIC 3000	Reviewed Date:	20 May 2024



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Please only complete the next section if this incident resulted in injury.

Brief description of injuries sustained:
Did the injured person(s) need to attend hospital? Yes No
If you answered "Yes" to the previous question, please provide the following details:
Name of hospital: Ward No:
Time of admission: Time of discharge:
Date of admission: Date of discharge:
Was an ambulance called to the incident? Yes No
If yes, please provide details of the person who called the ambulance:
Name: Phone:
Were Police involved in the incident?
If yes, is a copy of the Police Report attached? Yes No
If there were no Police involved and a Police Report cannot be provided, please attach an additional page/pages with a full description of the incident including a summary of events prior to the incident.
Declaration:
I, (EULL NAME), (Date of Birth) declare that all
information provided in this report is true and correct to the best of my knowledge.
Signed: Date:
Office Use Only
Response/Action made to date: (if no action has been taken, please state why)

Completed By:	Position:	
Signed:	Date:	

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