



Instructions to applicants

Please type or use BLOCK LETTERS when completing this form. Return the completed form to: Orange College Pty Ltd - Level 6, 416-420 Collins Street Melbourne Victoria 3000. Telephone: +61 3 9670 2985 Mobile +61 488 267 496 | Email: info@orange.edu.au | Website: www.orange.edu.au

Type of Incident (please tick)

Form with radio buttons for incident types: Injury to staff, Injury to student, Property damage, Vehicle accident, Environmental damage, Assault, Fire, Theft / Loss, Other, please specify.

Time and Location of Critical Incident

Form fields for Date, Time (AM / PM), and Location.

Person(s) Involved (including witnesses)

Table with 3 columns: Name, Address, Phone Number. Contains 5 empty rows for data entry.

What activity or program was underway?

Text area for describing the details of the incident before it occurred, with horizontal lines for writing.

Description of Incident

Text area for describing how the incident happened, factors leading to the event, and what took place, with horizontal lines for writing.



Description of Injury

Please describe the nature of the injury (your response should include the part of body affected, on what side of the body the injury occurred, if applicable, and how the body part was affected:

Horizontal lines for text entry

Description of Damage

Please describe the property or equipment damage caused by the incident:

Horizontal lines for text entry

Were any other services involved / attended? (If yes, Please attach a copy of the report)

Horizontal lines for text entry

Received by: _____

Signature: _____

Chief Executive Officer Recommended Action (Added to relevant registers of OC)

Horizontal lines for text entry

Signature: _____

Date: _____