

WHS INCIDENT + WELLBEING REPORT

Date Record made: _____

Name of person making report: _____

Staff Position of person making report: _____

Contact Details of person making report: _____

Name (s) of Person(s) involved in incident: _____

Address: _____

Contact Phone / Mobile: _____

Adult:

Child: Was Parent / Guardian Contacted? Yes / No

Date and time of incident: _____

Witness(es) to Incident: _____

Description of concerns: (Observations, Facts, Surrounding Context, Safety/ Hazard Concerns)

Action taken: (incl. Who did What, When, Where, Medical treatment applied, Steps taken to ensure safety of the persons concerned)

NB: Please hand document into LIVEfree PROJECT office must for secure and confidential storage.

Notification Details: What care/referral/ report was given?

- First Aid
 - Ambulance
 - Police
 - FACS Report
 - JIRT
 - CAHMS
 - GP
 - Psychologist
 - Kids Helpline
 - Lifeline
 - Beyond Blue
 - Mater Hosp Mental Health Unit
 - ARAFNI
 - Link to home
 - Refuge
 - Food/ grocery voucher service.
 - Drug Alcohol program
 - Other Specify: _____
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Person making the report:

- As a result of making this report, I feel need that I to have additional support / debriefing / pastoral care / counselling support.
 - I have made this report without bias or judgement
 - I have communicated hope, safety and care to persons involved
 - Hazard/ risk needs that need to be addressed ASAP specify: _____
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Signature: _____

Date: _____

Ref#: _____ (Office use only)

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