

Part A

St Albans Institute Pty Ltd t/a Hawk Institute Level 4, 171 Latrobe Street, Melbourne VIC 3000 Australia RTO ID: 41451 CRICOS Code: 03596J Website: www.hawkinstitute.edu.au Email: info@hawkinstitute.edu.au Phone: 1300 159 461 ABN 19608522087

Critical Incident Form

St Albans Institute Pty. Ltd T/A Hawk Institute

Details of the person completing the form	Name						
	Phone no:						
	Email:						
Date and Time of the incident							
Location of the incident							
Brief description of the incident	Type of Incident:						
	Description of Incident:						
Name and contac details for witnesses to The incident	ct						
Was anyone injured?	No (Complete Part				e Part B)		
Part B							
Details of the Injured Person	Name						
	Gender	□Male	□Female)	□Other		
	Date of Birth						
	Contact details						
	Emergency contact details						
Description of the injury							
Treatment required	□No □Firs □Other, please	st Aid specify	□Doctor		□ Hospital ad	mission	



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Part C			
Description of the Damage			
Were there any other services involved/ attended? (If yes, attach a copy of the report)			
Person/s involved:			
Name	Contact number	Address	
Recommended actions tak	ten by Hawk Institute	'	
Sign:	I	Date:	