

Student Protection Incident Record

Date of incident:

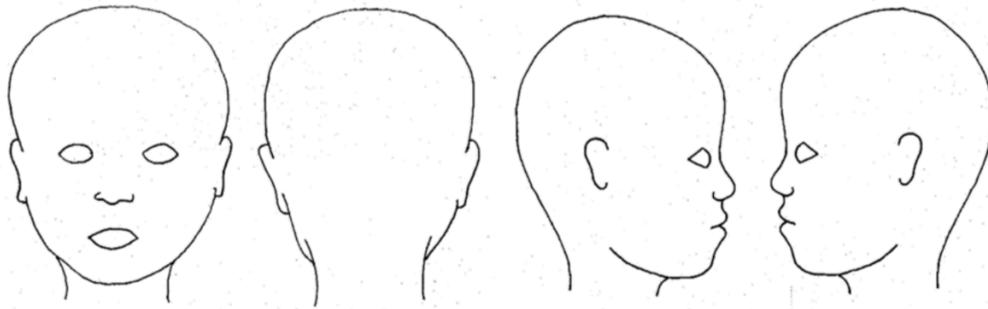
Location of incident:

Name and Grade of Student

Name and role of Reporting Staff Member

Details of the incident

Note the reasons for recording the incident. Ensure the following factual information is provided – who, what, when and where. Include names of witnesses, if relevant, and immediate actions taken. Offer an explanation where relevant. Attach a body map or other information, if appropriate.

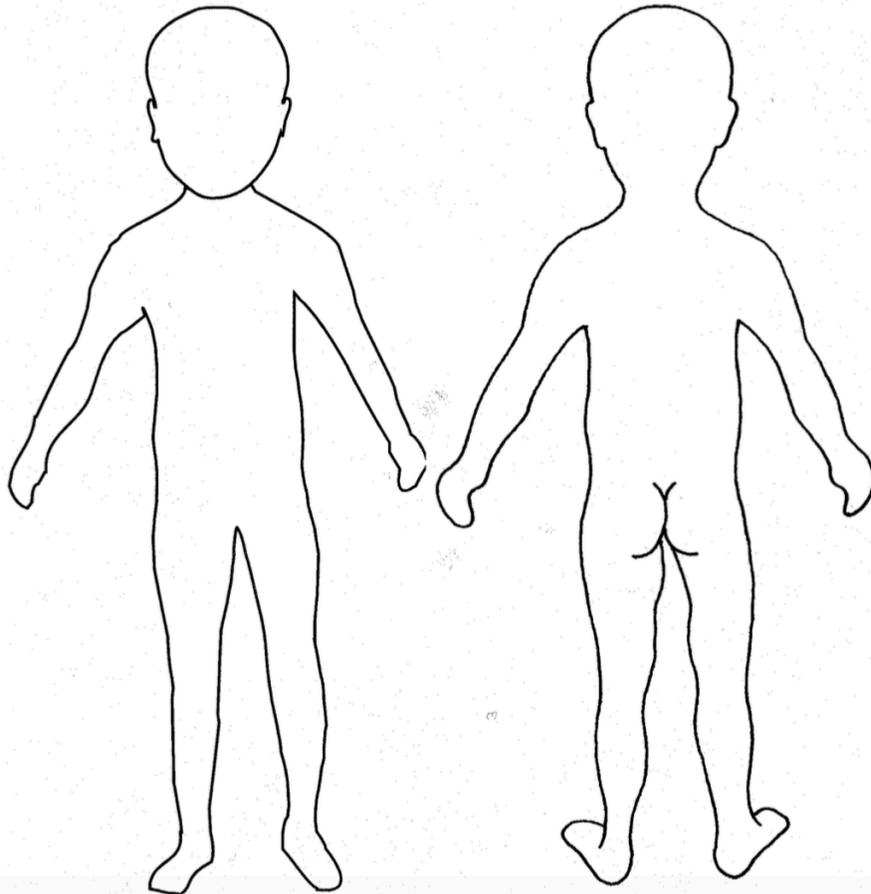


FRONT

BACK

RIGHT

LEFT



Signature of reporting staff member:

Date:

Please pass this form to the Child Protection Officer

Responses to the incident including the names of anyone to whom the information was passed.

Outcomes:

Signature of Child Protection Officer

Date:

Signature of Director

Date: