

# Placement Incident/Accident/Injury Report

## SECTION 1 – STUDENT DETAILS

Student ID		Contact Number	
Surname		Given Names	
Home Address			
Town		State	
		Post Code	

## SECTION 2 – COURSE DETAILS

Course Name		Discipline	
Current Year Level		Year Level Elective	

## SECTION 3 – DETAILS OF OVERSEAS PLACEMENT

Host Organisation Name			
Host Organisation Address			
Host Organisation Contact Person			
Host Organisation Email Address			
Placement Supervisor's Name			
Placement Start Date		Placement End Date	

## SECTION 4 – DESCRIPTION OF INCIDENT

Please provide all relevant information as soon as possible after the incident to the best of your ability as the incident must be recorded on the JCU Riskware Management database.

### INFORMATION REQUEST

Time and date of the incident			
Were you working in a placement venue at the time of the incident	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Where did it happen			
Were you travelling to or from placement at time of incident			

Were you using your own vehicle, hire vehicle or public transport?					
Any injury to yourself e.g. stress, laceration on left arm, bruised right to etc.					
Did you require an ambulance?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Damage to vehicle eg. Significant: unable to drive vehicle, or vehicle still serviceable etc..					
Any witnesses to the incident?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Telephone and contact details of witness					
What immediate action was taken after the incident					
When was the incident reported to the placement preceptor?	Time	Day	Date		
When was the incident reported to JCU placement office?	Time	Day	Date		
Who was the incident reported to JCU placement office?					
Did you contact the police regarding the incident?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
	Time			Date	
Did you contact your Insurance organization regarding the incident	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
	Time			Date	
Possible rate of consequence of the incident (Placement office use only)	Insignificant	Low	Medium	High	Extreme
<b>Any incident which is believed may possibly results in a claim against the University's insurance policy should be notified immediately to the Insurance Officer, Resources Office. Email: <a href="mailto:insurance@jcu.edu.au">insurance@jcu.edu.au</a></b>					
Student Signature				Date	
Supervisor Signature				Date	