

# 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

<b>Time and date of the incident</b>			
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?	Yes	No	

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"/>	
Witness name and contact details.					
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 at 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