

## Work Placement Incident Form

### Private and Confidential – Completion by School/Teacher

Please complete this form if an incident occurred during the work placement. The Youth Partnership may contact you for additional information.

#### Student Information

<b>Student full name</b>	
<b>School</b>	
<b>Year</b>	
<b>VET Course</b>	
<b>VET Teacher name and contact</b>	

#### Host Employer Information

<b>Business name</b>	
<b>Employee name and job title</b>	
<b>Phone</b>	
<b>Email</b>	

#### Incident Information

<b>Address of incident</b>	
<b>Date of incident</b>	
<b>Time of incident</b>	

<p><b>Who was notified about the incident and when?</b></p>	<p><b>Tick below:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Teacher</li> <li><input type="radio"/> Parent/Carer</li> <li><input type="radio"/> Emergency contact</li> <li><input type="radio"/> The Youth Partnership</li> <li><input type="radio"/> Other</li> </ul> <p><b>Time notified (am/pm):</b></p>
<p><b>Describe the incident</b>          Who was involved in the incident?           Who witnessed it?          What/When/How           Attach an appendix if more space is required.</p>	
<p><b>Name of person providing this report</b></p>	

Please email this completed form to: [workplacement@theyouthpartnership.com.au](mailto:workplacement@theyouthpartnership.com.au) or to your Work Placement Coordinator directly. Please mark it as private & confidential.