

Incident Report

for School Based Apprentices and Trainees in NSW (for schools/regions to complete)

Student name			
School			
Employer			
Employer contact		Phone	
Incident Number		Date reported	

<https://education.nsw.gov.au/leadership-pathways/at-a-glance/at-a-glance-work-health-and-safety/incident-notification-and-response>

Incidents, including grievances and injuries that occur during the school based apprentice or trainee’s employment or training need to be followed up in order to protect their safety, welfare and wellbeing.

This document completed by a school/regional representative provides a means of recording such matters and documenting the follow up action.

Please note:

- Persons who are [mandatory reporters](#) under the NSW Children and Young Persons (Care and Protection) Act 1998 must report suspected child protection matters immediately to the Department of Communities and Justice Helpline on 13 36 27 in accordance with their relevant child protection procedures.
- This report does not remove nor replace the employer’s responsibility to notify workers compensation claims and WHS notifications to SafeWork NSW.
- Apprentices, trainees and employers who want information about suspension, cancellation, variation or early completion of the apprenticeship or traineeship should contact Training Services NSW on 13 28 11.

Details of incident

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Has the student been harassed, bullied, assaulted or subjected to inappropriate sexual remarks or conduct at the workplace?*</p> <p>Provide details:</p> <p><small>*The school will need to determine if this is a child protection matter</small></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Does the student have concerns about?:</p> <ul style="list-style-type: none"> • their safety or wellbeing in the workplace or at training, or their workplace relationships • their training at the workplace or RTO premises <p>Provide details:</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Has an injury occurred?</p> <p>Provide details:</p>

Where did the injury occur?

<input type="checkbox"/> Workplace	<input type="checkbox"/> RTO premises	<input type="checkbox"/> Travelling to/from work/RTO	<input type="checkbox"/> Other (specify)
Provide details:			
When did the incident occur? ____/____/____			

Action to date

Has anyone else been told about this matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Provide details:			
Has this person taken any action in relation to the matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Provide details:			

Impact of incident on the apprentice or trainee

Will this affect the student's attendance or progress at school, work or training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Provide details:			

Report completed by:

Name		Contact number	
Position		Email	
Signature		Date	



Note:

Please email this completed report to the Manager, School Based Apprenticeships and Traineeships at SBAT@det.nsw.edu.au
The original copy of this report must be held on file at school.

Privacy notice – for all parties

The information provided by various parties is obtained by the Department of Education for the purpose of supporting the safety, welfare and well-being of a school student and their successful outcomes in undertaking a school based apprenticeship or traineeship.

Documenting any issue on this form enables the Department to readily identify issues of concern, the relative seriousness of the concerns and the appropriate party to follow-up the matter.

The information you provide will be stored securely and retained in accordance with NSW public sector record-keeping procedures.