

Incident Report for School Based Apprentices and Trainees (for schools/regions to complete)

Student's name _____ TCID Number _____

Employer _____ School _____

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 well being. 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 Community Services 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 OHS notifications to WorkCover NSW.
- Apprentices, trainees and employers who want information about suspension, cancellation, variation or early completion of the apprenticeship or traineeship should contact State Training Services on 13 28 11.

Details of incident

Has the student been harassed, bullied, assaulted or subjected to inappropriate sexual remarks or conduct at the workplace? * Provide details: _____ _____
Does the student have concerns about? • their safety or wellbeing in the workplace or at training, or their workplace relationships • their training at the workplace or RTO premises Provide details: _____ _____
Has an injury occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide details: _____ _____

* The school will need to determine if this is a child protection matter

Where did incident 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 incident occur? Date: ____/____/____

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 If 'Yes', 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 If 'Yes', please outline action to date:	_____

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 If 'Yes', provide details:	_____

Report completed by:

Name: _____ Contact Number: _____

Position: _____

Signature: _____ Date ____/____/____

Note:

Please fax this report to the Senior Coordinator School Based Apprenticeships and Traineeships for further action on Fax 02 9244 5020. 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 and Training 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.