



TEQSA Provider ID	PRV14320
CRICOS Registration No:	TBA

Name				
Course and Start Date				
Student Number (if relevant)			Date	
Current address			Current contact details	Home:
				Mobile:
				Email:

1. Describe what happened. Be as thorough as possible.

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2. Draw a map of where the incident happened and provide the address (or state if AHE Campus).

3. Were there any injuries to any person? Was any help/medical aid offered, and by whom?

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Apex Higher Education, Office 5, 2 Sorrell Street, Parramatta NSW 2150 AUSTRALIA  
PO Box 4144, Strathfield South NSW 2136 AUSTRALIA Tel: Australia ++ 61 2 8007 6262

4. Provide the names, addresses and telephone numbers of any witnesses

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5. What were you doing when the incident happened?

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6. If you are a staff member: do you believe that workers compensation/ sick leave/hospitalisation is relevant?

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**Declaration (by Person submitting this Form)**

I declare that the information supplied and attached in this application is true, complete and accurate

Signature: ..... Date:.....

**Please submit this report to the SSO as soon as possible after the incident  
including all relevant supporting documentation**

<p>Student Services Officer (SSO) Designated student contact officer 8 am – 5 pm Monday to Friday at Reception. Additional hours: open till 9 pm if evening classes are held; open during the weekend if classes are held Phone: 02 – 8007 6262 Email (24/7 for response within 24 hours): <a href="mailto:studentsupport1@ahc.edu.au">studentsupport1@ahc.edu.au</a> <u>Emergency Contact: CEO/Executive Dean: Mobile 0420 386 862</u> <u>Note: contact details are indicative at this stage</u></p>
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**OFFICE USE ONLY**

7. This form was received by:

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8. Immediate Action taken after receiving this Form:

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9. Action taken to prevent a re-occurrence of the accident (including addressing issues such as changes to induction processes, training, teaching, work processes, work environment, equipment maintenance, modification to equipment)

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<b>Name and Signature of AHE staff receiving this Form</b>	<b>Date</b>
<b>CEO/Executive Dean Signature</b>	<b>Date</b>

**INCIDENT NAME AND NUMBER:**

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Changes/Improvements: ☐ / NA Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Added to Critical Incident Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Register: