



Queensland Education and Care Service

Serious incident notification

(Section 127 of the *Education and Care Services Act 2013*)

Please read the following information before completing and submitting this notification form.

Please ensure you are familiar with the requirements and obligations set out under the *Education and Care Services Act 2013* and the *Education and Care Services Regulation 2013*.

If you require further information about the obligations of approved providers under the *Education and Care Services Act* and *Regulation* or are unsure about the information required in this notification, it is important that you visit the website <http://www.earlychildhood.qld.gov.au/ecs> or contact the relevant Regional Office for clarification.

Please ensure that the information you provide in this form is complete and correct.

Note: All references to the 'Education and Care Services Act' in this form are to be read as references to the 'Education and Care Services Act 2013' and references to the *Education and Care Services Regulation* as references to the *Education and Care Services Regulation 2013*. References to the 'Department' refer to the Department of Education and Training.

Notification requirements and assessment

An approved provider must report any serious incident that occurs at a Queensland education and care service to the Department.

Approved providers must give notice of the serious incident within one day after becoming aware of the serious incident.

Incidents that constitute a serious incident are prescribed under regulation 22 of the *Education and Care Services Regulation*. For a list of serious incidents see Part C, below.

Failure to notify the Department of a serious incident may result in a financial penalty and other enforcement action.

Important

- Your notification will not be processed unless all sections are satisfactorily completed and all requested supporting documents are attached.
- Please write clearly in BLOCK LETTERS in black ink. Do not use correction fluid. The signatory must initial any corrections to this form.



Privacy statement

The Department is committed to ensuring that all actions taken in the administration of the Education and Care Services Act are in compliance with the Information Privacy Principles of the *Information Privacy Act 2009* (Qld).

The Department is collecting the information on this form for the purpose of assessing this notification under the Education and Care Services Act. The information on this form may also be provided to other authorities or to other government agencies in accordance with the Education and Care Services Act.

The Department and the Queensland Government may publish information collected on this form in accordance with the Education and Care Services Act.



Part A: Provider details

1. **Approved provider name**

2. **Provider approval number**

Part B: Service details

3. **Approved service name**

4. **Service approval number**

5. **Please provide the address of the service**

Address line 1 _____

Address line 2 _____

Suburb/Town _____

State _____ Postcode _____



Part C: Details of serious incident

6. Type of serious incident (please tick the appropriate box)

<input type="checkbox"/>	The death of a child while being educated and cared for by the service, or following an incident while being educated and cared for by the service.
<input type="checkbox"/>	Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an education and care service which a reasonable person would consider required urgent medical attention from a medical practitioner, or for which the child ought reasonably to have attended a hospital.
<input type="checkbox"/>	Attendance of emergency services at the education and care service premises was sought, or ought reasonably to have been sought.
<input type="checkbox"/>	A child was missing from the service or was not able to be accounted for.
<input type="checkbox"/>	A child appears to have been taken or removed from the service in a manner that contravenes the Education and Care Services Act.
<input type="checkbox"/>	A child was mistakenly locked in or locked out of a service premises or any part of the premises.

7. Child's name

8. Child's gender

9. Child's date of birth

10. Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and how the parents were notified.

11. Name of child's parent(s) or guardians(s)

12. Phone number of child's parent(s) or guardians(s)

13. Date of incident (DD/MM/YYYY)

14. Describe the incident (including time, location, circumstances and emergency services involvement)

(Please attach a copy of the approved service's completed report of the incident, injury, trauma and illness record.)

15. Name(s) of person(s) who witnessed the incident.

16. If emergency services attended the service premises, please provide the name and contact details for emergency service personnel who attended.

Part D: Contact details

17. Name and contact details

(Note: this will be the person who the department may contact with questions in relation to this form)

Title	First name
Last name	Mobile number
Phone number	Fax number
Email	

18. Postal address

Address line 1

Address line 2

Suburb/Town

State

Postcode

Notifier declaration

I, _____ (insert full name of person signing the declaration)

of, _____ (insert address)

am, _____ (insert position/title of notifier)
for example, proprietor, director, partner, president

I declare that the information provided in this notification (including any attachments) is true, complete and correct.

Signature of person making the notification _____

Signed at _____ On the _____

Second notifier (if applicable)

I, _____ (insert full name of person signing the declaration)

of, _____ (insert address)

am, _____ (insert position/title of notifier)
for example, proprietor, director, partner, president

I declare that the information provided in this notification (including any attachments) is true, complete and correct.

Signature of person making the declaration _____

Signed at _____ On the _____

Who may sign?

- The approved provider
- A person authorised to sign on the approved provider's behalf



Lodging your notification

Please lodge your notification along with all of the required documentation by posting or emailing to the relevant Regional Office, Department of Education and Training.

<http://www.qld.gov.au/education/childcare/contacts/pages/regional.html>

Enquiries

Contact the relevant Regional Office

<http://www.qld.gov.au/education/childcare/contacts/pages/regional.html>

Early Childhood and Community Engagement Division

Department of Education and Training

E-mail: ecis@dete.qld.gov.au

Phone: 13 QGOV (13 7468)

Website: <http://www.earlychildhood.qld.gov.au/ecs>

For office use only	
Date form received: ___/___/___	
Name of receiving officer:	Signature: