

Privacy Notice

The University requires this information to meet its obligations under Work Health and Safety legislation. The information will be kept confidential, and will not be disclosed to third parties without your consent, unless required or permitted by law. By signing this form you consent to this information being used and disclosed to investigate incidents, including disclosure to SafeWork NSW, WorkSafe Qld, and our insurers if required. De-identified information may also be used and disclosed for statistical/reporting purposes, including in the University's annual report. You may request access to your personal information at any time. Further information about privacy and personal information can be found at <https://www.scu.edu.au/about/legals--privacy--copyright/privacy-statement/> including the University's Privacy Management Plan.

Procedure for hazard, near-miss and injury/illness reporting

1. Employee / person injured or discovering hazard to complete report
2. Report to be forwarded to Supervisor for comment and emailed to whs@scu.edu.au within 24 hours of incident
3. WHS Manager to forward to Head of Work Unit if further action is required

PERSONAL DETAILS (person reporting)

Name: Contact phone no:

Address:

Association with SCU: Employee Student Contractor Other:

If you are an employee, provide the following details:

Work unit:

DETAILS OF INCIDENT/ ACCIDENT/ HAZARD:

Type of incident:

Hazard Injury Near-miss Misconduct/Assault

Date: Time: Location:

Details of incident / injury / illness / hazard:

.....

Cause of injury / illness / hazard:

Biological Bodily stress Car accident Chemical Electrical
 Fall, trip, slip Heat radiation Psychological Sound & pressure Struck by object
 Other [please specify]

Nature of injury or illness (eg. fracture, sprain, etc):

Location of injury (eg. right arm, neck, left leg, etc) :.....

Medical treatment received to date:

Details of witnesses: No witnesses

Name: Contact Phone:

Name: Contact Phone:

.....
Your full name signature date

Is this incident report related to sexual harassment or sexual assault? Yes No

If yes:

1. Please provide further details:

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2. Has this incident been reported to any other person?

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PLEASE NOTE: IF THIS FORM RELATES TO SEXUAL HARASSMENT OR SEXUAL ASSAULT THIS REPORT SHOULD BE FORWARDED DIRECTLY TO WHS@SCU.EDU.AU AND DOES NOT REQUIRE SUPERVISOR OR HOWU COMMENT

Assistance available to people who have experienced sexual harassment or sexual assault

For everyone:

- The National Sexual Assault, Domestic and Family Violence Counselling Service provides free and confidential online and telephone counselling and support 24 hours a day, 7 days a week.
- 1800RESPECT** 1800 737 732 or the [1800RESPECT website](http://1800RESPECT.org.au)

For students:

- SCU's [Counselling and Psychological Support Services](#) are available for all students, including those who have experienced sexual assault and harassment (regardless of when that occurred or who was involved).
- Confidential in-person, Skype and telephone/SMS support services are available.
- Main campuses (including Sydney & Melbourne): **02 6626 9131 / counselling@scu.edu.au**
The Hotel School Sydney: **(02) 8249 3227 / thsscounsellor@scu.edu.au**
The Hotel School Melbourne: **(03) 9601 3400 / thsmcounsellor@scu.edu.au**
All students — Out of Hours: 1300 782 676

For staff:

- Southern Cross University's [Employee Assistance Program \(EAP\)](#) provides free and confidential counselling to staff and immediate family members.

The [SCU website](#) has more information about assistance available and police reporting options

COMMENTS / ACTIONS

Supervisor (include details of actions taken to prevent future incidents):

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Name: Signed: Date:

Manager, Workplace Health & Safety:

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Signed: Date:

Head of Work Unit (if required):

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.....
.....

Signed: Date:

CHECKLIST:

Supervisor notified of incident (if required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time:	Date:
Form completed by injured person	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time:	Date:
Supervisor's comments noted (if required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time:	Date:
Form forwarded to Manager WHS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time:	Date:
WHS forwards to Head of Work Unit (if required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Date:
WHS forwards to Insurance/Risk (if required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Date: