

Incident Form



This form aligns with the following legislation, guidelines, and standards:

- Work Health and Safety Act 2011 (QLD)
- Mental Health First Aid Australia Guidelines
- Privacy Act 1988 (Cth) QLD Information
- Privacy Act 2009 Disability Discrimination Act 1992 (Cth)
- Child Protection Act 1999 (QLD)
- NDIS Practice Standards (if applicable)
- Code of Ethics for MHFA Instructors
- Blue Card and Yellow Card Screening Requirements
- Mental Health First Aid Australia Instructor Code of Conduct and Agreement

All incidents must be reported at the earliest opportunity, within 24 hours to the Owner / Operator of Mindshift 4 Life. Completed forms must be stored securely and confidentially by the Owner / Operator. Serious incidents must be escalated to relevant authorities or support services.

Organisation: Mindshift 4 Life

Instructor: _____

Date of Incident: ____ / ____ / ____

Time of Incident: _____ AM / PM

Course Location: _____

Public or Private Course? (please circle - if private, list name of company, organisation or group.)

PUBLIC

PRIVATE: _____

Name of Course Being Delivered:

Delivery Mode: _____

Number of Participants: _____

Mindshift 4 Life

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0491614531

<https://www.mindshift4life.com.au/>

ABN: 57 487 527 752

Incident Form



Was a risk assessment completed prior to the commencement of the course?

(please circle, if yes - attach)

YES NO

Report Completed By: _____

Contact Number: _____

Email: _____

Role: _____

Date / Time Report Completed: _____ / _____ / _____ at _____ : _____ AM / PM

Signature: _____

1. Type of Incident

(tick all that apply)

Choose all categories that describe the nature of the incident.

- Participant distress or safety concern
- Physical injury or medical event
- First aid administered
- Harm to participant or instructor
- Behavioral disruption or conflict
- Property damage or hazard
- Workplace Health & Safety (WHS) incident
- Breach of confidentiality or privacy
- Cultural safety or inclusion concern
- Technology or access issue
- Other: _____

2. Description of Incident

Provide a clear, factual account of what happened. Avoid opinions or assumptions.

Individuals Involved (name and role - if possible)

(e.g., "Jane Doe – "participant" or "Facilitator").

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3. Summary of Incident:

3. Immediate Actions Taken

(tick all that apply & provide details)

Describe what was done immediately to respond to the incident.

- Paused activity and ensured safety
- Provided emotional or physical support
- Administered first aid
- Contacted emergency services / first aid officer
- Removed hazard or secured environment
- Offered referral pathways or follow-up options
- Notified relevant staff / supervisor / venue
- Documented incident and debriefed with team
- Other: _____

4. Details of Actions Taken:

Incident Form



5. Outcome and Follow-Up

(tick all that apply)

Outline any next steps, referrals, or check-ins planned.

- Individual(s) remained engaged
- Individual(s) exited early or withdrew
- Support provided during or after incident
- Follow-up arranged (e.g., check-in, referral, review)
- WHS report completed or hazard addressed
- No further disruption occurred
- Other: _____

6. Planned Follow-Up Actions:

7. Recommendations / Notes

(tick all that apply)

Include any reflections, suggestions, or relevant context for future improvement

- Review content or delivery for sensitivity
- Adjust physical or digital environment
- Strengthen wellbeing check-in or safety protocols
- Debrief with team or supervisor
- Update policies or procedures if needed
- Submit WHS or clinical governance report
- Other: _____

Additional Notes:

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Review and Response – For Internal Use Only

Reviewed By (name and role):

Date of Review: ____ / ____ / ____

1. Summary of Review

Briefly outline your understanding of the incident based on the report.

2. Actions Taken Post-Incident

(tick all that apply & provide details)

- Follow-up contact made with affected individual(s)
- Referral to support services or clinical team
- WHS report submitted or hazard addressed
- Policy/procedure reviewed or updated
- Team debrief conducted
- No further action required
- Other: _____

Details of Actions Taken:

3. Recommendations / Next Steps

Outline any suggested improvements, training needs, or system changes.

Signature: _____

Date: ____ / ____ / ____

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