

Section #1: NDIS Incident Form Template

This form is meant for internal use between NDIS workers and management to quickly document incidents that may require notification with the NDIS Quality & Safeguards Commission. All of the information required for you to submit a valid incident report to the commission is outlined in the steps below.

There are 7 main sections to this incident form:

1. How to use the report
2. Report / provider details
3. Incident category / details
4. Person(s) involved
5. Actions taken
6. Risk assessment
7. Attachments

From section 1 to 5 included, the form can be filled out by an NDIS worker or staff person who's witnessed the incident or who first became aware of the incident (e.g. allegation, staff worker not physically present).

From section 6 onwards, the form should be completed by a supervisor or manager.

Please note: The form isn't meant to replace official reportable incident submissions via the "My Reportable Incidents" of the NDIS Commission portal but rather to provide a quick share solution for internal use between workers and managers before a supervisor submits the information directly to the NDIS Commission.

* Required

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Section
#2: Report
/ provider
details

This section is meant to outline high-level report details such as who the report is being written by and their details, who the supervisor in charge is, name/details of the provider and worker relationship to them.

1. Report completed by *

Enter the name of the person is writing the report

2. Position of person reporting *

What is the role of the person writing the report?

3. Contact details of person reporting *

Email address and/or phone number of person reporting

4. Report date *

Exact date as of writing of the report

Example: January 7, 2019

5. Name of provider *

Enter the name of the NDIS provider under which the report is being written

6. Relationship to provider *

What's the relationship between person who's writing the report and NDIS provider (e.g. worker, contractor, manager)?

7. Has this incident been reported to a supervisor? *

Mark only one oval.

Yes

No

8. If yes, who is the supervisor?

Enter name of supervisor at NDIS provider

9. When were they notified?

Enter exact time of notification

Example: 8:30 AM

10. Contact details of supervisor

Email address and/or phone number of supervisor

11. If no, why hasn't it been reported?

Describe why a supervisor hasn't been notified yet (e.g. incident isn't reportable or caused no harm / injury)

Section #3:
Incident
category /
details

This section outlines the major details pertaining the incident itself. Use this section to categorise and describe the incident as best as you can and provide accurate information about its unfolding.

12. Primary category of incident *

Choose the primary category of incident

Mark only one oval.

- Death of a person with disability
- Serious injury of a person with disability
- Abuse of a person with disability
- Neglect of a person with disability
- Unlawful sexual acts/offences
- Unlawful physical contact/offences
- Unauthorised use of a Restrictive Practice

13. Secondary category of incident

Only choose a secondary category if the incident spans multiple areas

Mark only one oval.

- Death of a person with disability
- Serious injury of a person with disability
- Abuse of a person with disability
- Neglect of a person with disability
- Unlawful sexual acts/offences
- Unlawful physical contact/offences
- Unauthorised use of a Restrictive Practice

14. Date of incident *

Enter the exact date of incident

Example: January 7, 2019

15. Time of incident *

Enter the exact time of incident

Example: 8:30 AM

16. Incident location *

Enter address of where the incident happened

17. Location type *

Mark only one oval.

- Residential address
- Community
- Disability accommodation
- Service outlet
- Other: _____

18. Describe the incident *

Describe what happened in detail and how the situation unfolded (who was involved, what has occurred, and why it occurred)

19. Circumstances leading up to incident

Briefly describe what were the circumstances leading up to the incident (optional)

Section
#4:
Person(s)
involved

This section covers both the details of the person with disability harmed by the incident and the people involved (including witnesses) either directly in the incident or alleged to have caused harm as part of the incident.

20. Full name of impacted person *

Enter the name of the person with disability harmed by the incident

21. Number of NDIS participant *

Enter the NDIS participant number of the person impacted

22. Detail of harm caused *

Briefly describe the harm caused to the person with disability

23. Contact details of impacted person *

Email address and/or phone number of impacted person

24. Subject(s) of allegation *

Is there a subject of allegation for the harm caused by this incident?

Mark only one oval.

Yes

No

If yes, enter the person's details below

Only complete this part one or more people are subject of allegation for harm caused by the incident

25. Full name

Enter the full name of the person(s) involved with the incident

26. Role at time of allegation

Enter the role of the person(s) when the incident happened

27. Contact details of person(s)

Email address and/or phone number of person(s) who is/are subject to the allegation

Section
#5:
Actions
taken

What actions have been taken immediately following the incident? Describe whether any external agencies have been notified (e.g. police, ambulance, coroner) and who else has been notified of the incident.

28. Have the police been informed? *

Mark only one oval.

Yes

No

29. If yes, enter the officer's name

Enter the name of the officer you've spoken to

30. If no, why?

Describe why the police was not informed of the incident

Section #6:
Risk
assessment

Please note: this section is only to be completed if a risk assessment was undertaken prior to submitting the report to the NDIS Commission. From section 6 onwards, the form should be filled by a supervisor/manager.

31. Have you undertaken a risk assessment? *

Mark only one oval.

Yes

No

32. If yes, when was it completed?

Enter the exact date when the risk assessment was completed

Example: January 7, 2019

33. Provide details on the risk assessment

Who made the assessment, what is included, and who was consulted as part of it?

34. If no, why?

Describe the reason why a risk assessment hasn't been undertaken

**Section #7:
Attachments**

If there are any documents supporting the information provided in this incident form, please attach them as part of this form for review prior to submitting to the NDIS Quality & Safeguards Commission.

Attach your files below

Include any supporting files together with the filled out form

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