

Please complete and return to MWLP within 24 hours of the accident/incident occurring to info@mwlp.com.au or directly to your Work Placement Coordinator.

Host Employer Details

Business Name			
Supervisor Name			
Email		Phone	
Signature		Date	

Student Details

Student Full Name			
School			
VET Framework		VET Teacher Name	

Accident/Incident Information

Location where the accident/incident occurred <i>Be specific and include details such as address, inside or outside, etc.</i>			
When did the accident/incident occur?	Date:	Time:	
Who was notified of the accident/incident?	<input type="checkbox"/> Teacher	<input type="checkbox"/> MWLP / WP Coordinator	
	<input type="checkbox"/> Parent/Guardian/Carer	<input type="checkbox"/> Other:	
When were they notified?	Date:	Time:	
How were they notified?	<input type="checkbox"/> In person	<input type="checkbox"/> Phone	<input type="checkbox"/> Email
Details of the accident/incident – attach photos if possible <i>Give details including how it happened and who witnessed it - attach an additional page if you need more space.</i>			

<p>Details of the injury – attach photos if possible</p> <p><i>Provide details of where you were injured, type of injury, etc.</i></p>	
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Medical Treatment Information

<p>What medical treatment did you receive?</p>	<p><i>Give details as to the type of treatment provided - bandage, stitches, etc.</i></p>
<p>Where did you receive medical treatment?</p>	<p><i>For example onsite first aid room, medical centre, hospital, etc.</i></p>
<p>Who applied your treatment?</p>	<p><i>First aid officer, ambulance, doctor – please provide name if possible.</i></p>

Reporting Person

<p>Name & position of person reporting the accident/incident</p>	
<p>Signature</p>	
<p>Contact Number & Email</p>	

Note for Host Employers:

Work Placement accidents are not covered under Worker’s Compensation. Please do not register the accident with your worker’s compensation provider.