**Please refer to the Guidance for reporting concerns/incidents/accidents while on Placement if you have concerns relating to patient/client or service user care or safety, or service provision.**

**If students are to be interviewed in relation to the incident/accident/concerns that have been raised, or are asked to produce a written statement, Sheffield Hallam University must be informed so that the University can provide the student with appropriate advice and support.**

**ACCIDENT/INCIDENT/CONCERN ON PLACEMENT FORM - THIS INFORMATION MUST BE TREATED AS CONFIDENTIAL - A MEMBER OF ACADEMIC STAFF MUST SUPPORT THE STUDENT IN THE COMPLETION OF THIS FORM**

***Return report form to*** [HWBaccidentsincidents@shu.ac.uk](mailto:HWBaccidentsincidents@shu.ac.uk)

**Please note - information that students/staff provide when reporting an accident/incident/ concern MAY be shared with third parties, in compliance with current legislation**

### **Student / Placement Details**

|  |  |
| --- | --- |
| **Name of Student** |  |
| **Student ID Number** |  |
| **Programme** |  |
| **Year of Programme** |  |
| **Cohort**  **e.g. September 2025** |  |
| **Name of Placement** |  |
| **Address of Placement** |  |
| **Link/Placement Tutor** |  |
| **Academic Advisor** |  |

### **Accident / Incident Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Accident / Incident** | | |  | | | | | | | | | |
| **Time of Accident / Incident** | | |  | | | | | | | | | |
| **1** | Where and when did the accident/incident/concern happen? | | | | | | | | | | | |
| **2** | Who was injured / suffered ill health / was otherwise involved with the accident/incident/concern?    **please do not include the names of any member of the public, including service users/carers OR member of placement provider staff in this section** | | | | | | | | | | | |
| **3** | What injuries or ill effects, if any, were caused? | | | | | | | | | | | |
| **4** | How did the accident/incident/concern happen? Please note any equipment involved. | | | | | | | | | | | |
| **5** | What activities were being carried out at the time? | | | | | | | | | | | |
| **6** | Was there anything unusual or different about the working conditions? | | | | | | | | | | | |
| **7** | How was the accident/incident/concern reported within the workplace/placement? | | | | | | | | | | | |
| **8** | Who have you reported the accident/incident/concern to within the workplace/placement? Please include their designation and contact details. | | | | | | | | | | | |
| **SHU Internal Use Only - Academic staff members supporting the report of the accident/incident/concern to complete the following section** | | | | | | | | | | | | |
| Name of person completing this section of the form | | | |  | | | | | | | | |
| This report has been discussed with the student | | | | YES | | | NO | | | |  | |
| This report has been discussed with the placement provider | | | | YES | | | NO | | | |  | |
| Date form completed and sent to [HWBaccidentsincidents@shu.ac.uk](mailto:HWBaccidentsincidents@shu.ac.uk)  ***GDPR - this report contains sensitive information and must be encrypted before sending. Please follow the instructions available via these menu options to encrypt: FILE > INFO > PROTECT DOCUMENT > ENCRYPT WITH PASSWORD***  ***The Password must be sent in a separate email*** | | | |  | | | | | | | | |
| Summary of action taken by  Link Lecturer/Tutor  and/or  Academic Advisor  and/or  Member of the course team | | Support provided to student (please include brief details) | |  | | | | | | | | |
| Support of placement provider to respond to reported incident/accident/concern (please include brief details) | |  | | | | | | | | |
| Audit checked (please select appropriate option) | | YES | | NO | | | | NOT APPLICABLE | | |
| Action plan and review date agreed with provider (please select appropriate option) | | YES | | NO | | | | NOT APPLICABLE | | |
| Is this setting suitable for continued use as a student placement? (please select appropriate option) | | YES | | NO | | | |  | | |
| Has this incident been escalated to the Professional / Statutory Regulatory Body? (delete as appropriate) | | | | YES | | NO | | | | NOT APPLICABLE | | |
| Outcome of incident/accident/concern and interventions (please include details): | | | |  | | | | | | | | |
| Signed off by Course Leader (Name and date) | | | |  | | | | | | | | |
| Copy filed in student's notes by (Name and date) | | | |  | | | | | | | | |
| Student briefed on follow-up actions taken in response to report (service user and provider staff confidentiality must be maintained) | | | | YES | | | NO | | | |  | |
| **Reported to HEE by category** (0 = No concerns; 1 = Minor concerns; 2 = Significant concerns; 3 = Major concerns; 4 = Training suspended) | | | | 0 | 1 | | | 2 | 3 | | | 4 |

**Please note - information that students/staff provide when reporting an accident/incident/ concern MAY be shared with third parties, in compliance with current legislation. GDPR - this report contains sensitive information and must be encrypted before sending.**