**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 - PARAMEDIC STUDENTS**

**A member of academic staff MUST support the student in the completion of this form. This assists in keeping the information provided within the password protected university environment.**

**This report form should be sent to the College Placement Learning Team for action. Return the report form using your university email account 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** | Brief description of 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** | Was a major incident called? | | | | | | | | | |
| **4** | Were you debriefed? | | | | | | | | | |
| **5** | Who debriefed you? | | | | | | | | | |
| **6** | Have you been offered any other support from the Service? | | | | | | | | | |
| **7** | Who have you contacted from the university? | | | | | | | | | |
| **8** | Any other information? | | | | | | | | | |
| **SHU Internal Use Only - Academic staff members supporting the report of the incident to complete the following section** | | | | | | | | | | |
| Name of person completing this section of the form | | | |  | | | | | | |
| 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 under the ‘File’ tab of this word document to PASSWORD-PROTECT the document. NOTE the Password must be sent to the intended recipient in a separate email*** | | | |  | | | | | | |
| Summary of action taken by  Link Lecturer/Tutor  and/or  Academic Advisor  and/or  Member of the course team | | Support of student (please include brief details) | |  | | | | | | |
|  | | Support of placement provider (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 and interventions (please include details): | | | |  | | | | | | |
| Signed off by Course Leader (Name and date) | | | |  | | | | | | |
| Copy filed in student's notes by (Name and date) | | | |  | | | | | | |
| **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. Please follow the instructions under the ‘File’ tab of this word document to PASSWORD-PROTECT the document.**

**NOTE the Password must be sent to the intended recipient in a separate email**

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