



Community Child Care Fund Restricted Grant Work Health and Safety (WHS) Notifiable Incident/Event Form

NOTE: This form is a SmartForm designed to be used in Adobe Acrobat Reader. Adobe Acrobat Reader software should be set as the default program for .pdf documents. If you do not do this you may experience difficulties using this form. If you do not currently have the Adobe Acrobat Reader software program, it is available as a free download from the [Adobe website](#).

About this form

This form is for **Community Child Care Fund Restricted (CCCFR) grant recipients to report work health and safety (WHS) incidents** to the Australian Government Department of Education.

Reporting WHS incidents is:

- a condition of your grant
- required under the [Child Care Subsidy Minister's Rules 2017](#), including sections 46AA(b)(v), 49(4A)(a) and 49(5).

This form supports your obligation to notify the department **immediately or as soon as possible** after you have met your reporting requirements under state or territory WHS laws.

Failure to comply may result in:

- suspension or sanction of your provider approval
- reduction, suspension or termination of CCCF funding.

For guidance on what must be reported, timeframes, and related reporting obligations (including to WHS regulators), refer to [reporting incidents if you get a CCCFR grant](#).

NOTE: If your service does not get a CCCFR grant, do not use this form.

Refer to your [state or territory regulatory authority](#) for reporting requirements.

Privacy statement

The Department of Education (the department) Privacy Policy embodies our commitment to protecting the personal information we hold in accordance with the *Privacy Act 1988* (Cth) and to the requirements of the Australian Privacy Principles (APPs) contained within that Act.

Personal information is information or an opinion about an identified or reasonably identifiable individual. Personal information includes an individual's name and contact details.

Sensitive information is a subset of personal information. It includes information or an opinion about racial or ethnic origin, political opinions, religious beliefs or affiliations, philosophical beliefs, membership of associations or unions, sexual orientation or practices, criminal record, or health, genetic or biometric information.

For grant recipients who must notify the department of a serious incident under the Minister's Rules, the collection of personal information (including sensitive information) in this form is authorised by or under the Family Assistance Law (FAL), which consists of the *A New Tax System (Family Assistance) Act 1999*, the Administration Act, and any instruments made under those Acts.

The personal information is collected by the department for the purposes of:

- monitoring providers' compliance with their obligations under the FAL and taking action in relation to non-compliance
- responding to serious incidents
- administration of grants to providers, and
- related purposes.

The personal information may be disclosed by the department to:

- the department's Ministers or their advisers
- government agencies with responsibility for child care, or health and safety
- an enforcement body, within the meaning of the *Privacy Act 1988* (Cth)
- a government department, or any of its Ministers, which is responsible for administering early childhood development, or pre-school education policies and programs.

The personal information is unlikely to be disclosed to overseas recipients.

The consequences of not providing some or all of the personal information requested are:

- it may constitute a failure to report a serious incident (or circumstances that could have resulted in a serious incident), which may be a legal obligation under the Administration Act. Breach of this obligation may result in compliance action being taken against the provider and a sanction being imposed. (such as suspension or cancellation of provider approval), and may also constitute a criminal offence under section 204F of the Administration Act
- it may prejudice the investigation of the serious incident.
- it may constitute a failure to comply with the conditions in the CCCFR grant agreement.

The department's Privacy Policy, including information on how to make a privacy complaint and how to access and correct personal information held by us, can be found at www.education.gov.au/privacy or by requesting a copy from us at privacy@education.gov.au.

Section 1 – WHS incident details

1.1 Provider/service details

Provider name	CRN
Service name	CRN
Address	Postcode
Name of contact person	
Phone number	Email

1.2 WHS incident/event dates

Date of WHS incident/event

Date incident was reported to the WHS regulator

1.3 Type of WHS incident/event

- a Notifiable WHS incident as defined as such by your [local regulator](#)
Yes No
- a suspected contravention of the WHS laws relating to the provision of care by the service
Yes No
- you have been directed to cease work under the WHS laws relating to the service due to unsafe work
Yes No
- a WHS Entry Permit holder or inspector is at your service where care is being provided
Yes No
- WHS proceedings against the CCCFR provider
Yes No

1.4 Details of WHS incident

Detail the circumstances of the incident, including:

- what the person was doing at the time of the incident
- actions taken by the service immediately after the incident (including to prevent a similar incident happening again)
- details of any witnesses
- if first aid was applied and emergency services' involvement
- anything else that may be relevant.

If you need more space, please include additional statements/documents when submitting this form.

1.5 WHS report, notices and correspondence

Attach copies of WHS reports, notices and correspondence issued under WHS laws when submitting this form.

1.6 WHS incident investigation

If the WHS state or territory regulator is investigating the WHS incident, you must send a copy of the results of the investigation and recommendations or strategies for prevention in the future to the email you submit to once available.

Section 2 – Declaration

I,

(insert full name of notifier)

of,

(insert address)

am a

(provider or person with management or control)

I declare that:

1. The information provided in this form (including any attachments) is true, complete and correct.
2. I have read, understood and agree to the conditions and the associated material contained in this form.
3. I am familiar with the obligations under the FAL and the CCCF restricted grant agreement.
4. I understand the department is authorised to verify any information provided in this form.
5. I declare/certify that all reporting obligations under state or territory laws in relation to this incident have been met.
6. I understand some of the information provided in this form may be disclosed to the state or territory regulator and may be disclosed to other persons/authorities where authorised by other legislation.
7. I am aware that giving false or misleading information on this form is a serious offence.
8. Where I have provided personal information about other individuals on this form, those individuals (or their parent/guardian as appropriate) have been made aware that their personal information (including sensitive information) will be shared with the department and used and disclosed by the department as outlined in the above privacy statement.

Signature of notifier

Time

Date

Complete and save this form, then email it with any supporting documents to:

CCCFRestricted@education.gov.au if your CCCFR service is regulated under the National Quality Framework or state and territory residual legislation.

FALQualitySafetyRegulation@education.gov.au if your CCCFR service is regulated under the *Child Care Subsidy Minister's Rules 2017*.

Include **"WFH incident notification form"** in the subject line.