



I01 Notification of Incident

Thank you for submitting your notification. Below is a copy of the information provided in your notification. If there are any issues, please contact your [Regulatory Authority](#) for assistance.

Notification of Incident

Provider

Provider Name	World of Learning Pty Limited
Provider Number	PR-00000937
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Gold Creek World of Learning
Service Approval Number	SE-00009779
Service Approval Status	Approved

Incident Details

Incident Type	Reg 12-Any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or for which the child attended, or ought reasonably to have attended, a hospital
Incident Date	14/03/2023
Incident Time	08:39 AM
Location	Unknown
Sub Location	Unknown
General Activity at the time	Unknown
Cause of Injury/Trauma	Unknown
Did Emergency Services attend	No
Further Details of the Incident	The child has had two injuries at the service this year. The first injury was reported on 10/3/23. Please refer to NOT 40833107. Second injury: The parent emailed the service on 14/3/23 advising of a bruise under the child's chin.



Details of Action Taken (e.g. First Aid)	
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	Unwitnessed
Name of Witness to the incident	
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	Action Taken: 1) Conducting an internal investigation into the incident to attempt to gain a clear understanding of what may have happened in order to put forward a plan to prevent or minimise this from happening again.
Photos and Evidentiary Documents	
Gold Creek.pdf	Supporting Doc

Child Details

Child's Name	P01
Child's Gender	Female
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	P01 P01
Parent's Email	
Parent(s)/Guardians(s) Phone	P03
Was urgent medical attention required by a registered practitioner/hospital?	No
Type of Injury/Trauma	None of the above
Type of Injury/Trauma (none of the above)	Bruise under the child's chin
Part of the Body	Face/head

Contact Details

Name	P01 P01 - Area Manager
Phone Number	P03
Email Address	P03