



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	OSHCLUB PTY LTD
Provider Number	PR-40004402
Provider Approval Status	Approved

Service

Service Legal Entity Name	Nicholls OSHClub
Service Trading Name	Nicholls OSHClub
Service Approval Number	SE-00009722
Service Approval Status	Approved

Incident Details

Incident Type	Reg 175-Any incident where the approved provider reasonably believes that physical abuse or sexual abuse of a child or children has occurred or is occurring at the education and care service
Incident date	6/03/2024
Incident Time	04:00 PM
Location	Play Space/Classroom
General activity at the time	Meal time
Interaction Type	Child/Adult
Witness full name	p01_p01
Witness phone number	P03
Witness type	Staff Member
Did Emergency Services attend?	No
Please upload any relevant documentation	

March 06, 2024 05_00 AM 63096_CHDS_ p01_5.pdf	Incident Report
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Incident Management

Steps that were taken or will be taken to prevent or minimise this type of incident in the future

Staff Stood down pending investigation.
Staff training and policy reviews

Detailed description of the incident including nature of risk, time, cause, etc.

We have been made aware that an alleged interaction occurred on program. Further details are being investigated and full report to follow.

Child Details

Child's Name

Child's Gender

Child's Date of Birth

Parent(s)/Guardians(s) Name

Parent's Email

Parent(s)/Guardians(s) Phone

Contact Details

Name

P01 P01

Phone Number

P03

Email Address

P01 P01