



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	Team Gump Pty Ltd as Trustee for Team Gump Trust
Provider Number	PR-40007989
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Sage Education and Childcare Belconnen
Service Approval Number	SE-40016571
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	18/02/2021
Incident Time	10:00 AM
Location	Outdoors
Sub Location	Play Space/Classroom
General Activity at the time	Play-based program
Cause of Injury/Trauma	Fall/trip
Did Emergency Services attend	No
Further Details of the Incident	Child fell from monkey bars and hurt his head. Educator noticed bleeding and first aid attention was implemented. Nominated Supervisor was alerted and assisted with first aid. Mother was contacted and advised to collect child and seek medical attention.
Child's Name	P01 P01
Child's Date of Birth	P02
Child's Gender	Male

Submitted By: [P01](#) [P01](#)



Was urgent medical attention sought by a registered practitioner and/or hospital	Yes
Type of Injury/Trauma	Cut/open wound/bleeding
Part of the Body	Face/head
Details of Action Taken (e.g. First Aid)	Child was very upset so limited first aid could be achieved. We were able to limit bleeding and keep child calm until Mother arrived.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	Educator contacted Mother 10:12am was unsuccessful and then another attempt was made 10:15am and educator spoke with Mother to update and inform to collect and that medical attention would be needed.
Name of parent or guardian notified	P01 P01
Email of parent or guardian notified	P01
Phone number of parent or guardian notified	P03
Name of Witness to the incident	P01 P01
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	N/A
Photos and Evidentiary Documents	
P01 P01 Head Injury Notes.pdf	Incident Report P01 P01

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P01