

Christian Youth Camps Waihola Inc. **Physical**: 70 Finlayson Road, Waihola **Postal**: P.O. Box 15061 Waihola 9243 **Phone**: (03) 417 7120

Email: info@cycwaihola.org.nz Website: www.cycwaihola.org.nz GST #: 13-646-686

Charities Commission Registration #: CC25364

## **Behavioural Incident Form**

- All forms MUST be completed within 24 hours of the incident occurring, and paid staff notified.
- This form MUST be presented to caregivers upon camper pickup and signed to reflect this below.
- All behavioural incidents are kept on file in the CYC Waihola Office and stored on the Camp Management Server under the person's file.
- This form will be kept confidential only paid staff, caregivers and future camp directors will have access.

Group / Camp Name	
Date of Incident	
Time of Incident	
Campers Full Name	
Your Name and Role	

Incident Summary - Leader(s) or Staff Involved to complete. Include all necessary information.

Location of Incident		
Incident Circumstances		
- Wh - Wh	detail including: nat led to incident nat happened (in detail) no was involved (leaders	
<b>-</b> Ou	nd campers) utcome of Incident pervision levels	
- Ke	y things said Image to property	
	her important facts	

Action Taken to Resolve Provide detail including:  - Who took the action  - Supervision levels  - Key things that were said Other important facts	
Leader(s) Name:	
Leader(s) Signature:	
	Incident Recommendations – Director or Paid Staff to Complete
Outside Agencies Involved Please provide details if applicable.	
Follow-Up Required (if applicable) Please recommend any follow-up or policy changes that may be required	
Future Enrolment Suggestion Please circle one of the following	Green This camper should be automatically enrolled in future camps with future camp directors notified of previous issues (including this one).  Yellow This camper should have any future enrolments put on hold pending a director's decision based on previous issues (including this one).
	Red This camper should never attend a CYC Waihola camp again.
Director's Name and	
Signature	
Operations Manager's Signature	
Staff Complete: Parents Notified?	
Staff Complete:	

Policy / Procedural Changes Made