Incident of Physical Restraint Form

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| Information for the Ministry of Education and the Employer |
| Completed by |  |
| Date of Incident |  | Date of Report |  |
| School name & number  |  |
| Student’s National Student Number (no name) |  | Date of Birth |  |
| Gender |  | Year Level |  |
| Ethnicity |  |
| First time the student has been physically restrained? | Yes / No (delete one) | The student was physically restrained more than once during the day? | Yes / No (delete one)If yes, how many times? |
| The student has an Individual Behaviour Plan? | Yes / No (delete one) | Physical restraint was a part of the plan? | Yes / No (delete one) |
| Were parents notified? | Yes / No (delete one) |
| Was anyone injured? | Yes / No (delete one)If yes, describe |
| Was the staff member who applied the restraint a teacher or authorised staff member? | Yes / No (delete one)If no, provide details  |
| Role of staff member who applied the restraint | Teacher / Other (delete one)If Other, describe role: |
| Did the staff member who applied the restraint receive any training prior to the incident? | Yes / No (delete one) If yes, what training? |
| Why was the use of physical restraint considered necessary? |
| Serious and imminent risk to the safety of the student or any other person – describe |  |
| Any other comments |  |

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| Required Action |
| Complete the form above and email it to the Ministry of Education at mailto:physical.restraint@education.govt.nz Provide a copy to the employer (board of trustees, sponsor of a partnership school kura hourua, or manager of a private school)**Note**: The information in this form may be the subject of requests made under the Privacy Act 1993 and the Official Information Act 1982. |