**Process for the Management of Incidents in Practice (IP) Involving Learners Across Greater Manchester Provider Organisations**



HIGH/SEVERE RISK

|  |  |
| --- | --- |
|  **Brief summary of the incident** |  |
| **Date of incident** |  |
| **Location** |  |
| **Reported by** |  |
| **Lead contact** |  |
| **Assessment of risk level completed date** | **Assessment of risk level completed time** | **Assessment of risk level completed name** |
|  |  |  |

|  |  |
| --- | --- |
| **Learner name** |  |
| **Learner intake** |  |
| **HEI** |  |
| **Communication with & name/date** |  |
| **PEF** |  |
| **Service Manager** |  |
| **Head of service** |  |
| **Personal Tutor/Academic Assessor** |  |
| **Programme Lead/LME** |  |

|  |  |
| --- | --- |
| **Date and time of internal incident reporting** |  |
| **Recorded in provider organisation practice incident log date and time** |  |
| **Investigation lead name and title** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Summary of Actions** | **Date Agreed** | **Date to be Achieved** | **Person Responsible** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

**Action plan review date:**

[ ] [ ] **Action plan completed & approved by the Head of service/lead contact?**

 **No**

**Yes**