|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date & Time of Notification** |  | | | |
| **Name of School (including town)** |  | | | |
| **District & Quadrant** |  | | | |
| **Name of School Contact,**  **Position Held**  **Contact Details** | Contact Name: Role:  Direct telephone number:  Email address: | | | |
| **CYP** ▢ | **Staff Member** ▢ | **Parent** ▢ | **Member of School Community** ▢ | |
| **Death (health/medical related)** ▢ | **Unexpected CYP death** ▢ | **Murder ▢** | |  |
| **Description of Incident** |  | | | |

|  |  |
| --- | --- |
| **STAFF/CYP ONLY - Name** |  |
| **CYP ONLY –Date of birth / Age** |  |
| **Is the CYP known to any ECC Services?** |  |

|  |  |
| --- | --- |
| **Have you viewed the resources provided?** [**Critical Incident Resources, Infolink**](https://schools.essex.gov.uk/admin/Critical_Incidents/Pages/Critical%20Incidents%20and%20School%20Closures.aspx)  **Having viewed the above resources, is support needed?** | Yes ▢ No ▢ |

|  |  |
| --- | --- |
| **List of ECC Support Services Requested** | **Updates from Service** |
| e.g. Educational Psychology |  |
| e.g. SEP |  |

**Please email this completed form to:** [**schools.communication@essex.gov.uk**](mailto:schools.communication@essex.gov.uk)