|  |  |
| --- | --- |
| **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**