



Mission Heights Junior College

Incident of Physical Restraint Form

Information for the Ministry of Education and the Employer			
Completed by			
Date of Incident		Date of Report	
School name & number	Mission Heights Junior College - 553		
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:		

<p>Did the staff member who applied the restraint receive any training prior to the incident?</p>	<p>Yes / No (delete one) If yes, what training?</p>
<p>Why was the use of physical restraint considered necessary?</p>	
<p>Serious and imminent risk to the safety of the student or any other person – describe</p>	
<p>Any other comments</p>	

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.