Appendix 14.7

Client Death Notification Form

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| **Person's Details** **To pick a box, double-click on it and select ‘checked’** | | | | | | |
| Family name:       Given name(s): | | | | | | |
| Male Female | | Aboriginal or Torres Strait Islander Yes No Don't know | | | | |
| Date of birth: | Country of birth: | | | | | |
| First language: English Other (specify): | | | | | | |
| Did the person receive support for communication Yes No If yes (specify): | | | | | | |
| **Assisted Boarding House (ABH)** | | | | | | |
| Name of service provider: | | | | | | |
| Name of ABH: | | | | | | |
| Address of ABH: | | | | | Postcode: | |
| Contact person: | | | Title: | | | Telephone: |
| Person’s length of time at this residence: | | | | | | |
| Number of residents living at this address: | | | | | | |
| **Time and Place of Death** | | | | | | |
| Please provide copies of relevant Critical Incident Reports | | | | | | |
| Date of death: | | | | Time of death: | | |
| Place of death | At the residence  At hospital (specify)  Other (specify) | | | | | |
| **Notification to Police** | | | | | | |
| Date: | Notifying person: | | | | | |
| Police Station: | | | | | | |
| Name and rank of Police Officer: | | | | | | |
| COPS Event No (if known): | | | | | | |
| **In the 12 months before the person’s death**  **Illnesses** Did the person have any illness that required treatment by a doctor?*(e.g. chest infection)*  Yes No  If yes(specify): | | | | | | |
| Date | Illness | | | | | |
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|  |  | | | | | |
| **Hospital admissions** Was the person admitted to hospital? Yes No  If yes (specify): | | | | | | |
| Date | Hospital | | | | Reason/s for admission | |
|  |  | | | |  | |
|  |  | | | |  | |
|  |  | | | |  | |
| **Accidents** Did the person have any accident/s that caused injury? *E.g. fell and cut head* Yes No  If yes (specify): | | | | | | |
|  |  | | | | | |
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|  |  | | | | | |
| **Other Information** | | | | | | |
| Please provide any other relevant information about the person not provided above: | | | | | | |
| **Completion of Client Death Notification Form** | | | | | | |
| The service provider fills out the Client Death Notification (CDN) form and submits it to the Assisted Boarding Houses Team, Department of Communities and Justice within 24 hours after the person’s death. | | | | | | |
| Form completed by (please print name):  Date:  Signature ……………………………  Position title:  Telephone:  Email: | | | | | | |
| Please send a completed form within 24 hours of the person’s death to the Assisted Boarding Houses Team by email at [AssistedBoardingHouses@facs.nsw.gov.au](mailto:AssistedBoardingHouses@facs.nsw.gov.au) | | | | | | |