 RESOURCE REPLACEMENT SCHEME

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| **Office Use Only** |
| Claim/No: |
| I/R No: |

**Claim/Illegal Entry Advice Form (EQ38)**

**SEND CLAIM FORM TO:**  
**Post:** PO Box 15033, CITY EAST Q 4002

**Or Email:** [**rrs.facilities@det.qld.gov.au**](mailto:rrs.facilities@det.qld.gov.au)

**For assistance, phone 1800 916 770 or refer to** [**EQ38 Completion Guide**](https://ppr.mpe.qed.qld.gov.au/pp/resource-replacement-scheme-procedure)

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| SECTION 1 – GENERAL INFORMATION (Photographic evidence of damage to be supplied with all claims) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School/Centre Name: | | | | | | | | | | | | | | | | | | | | | | | | Location Code: | | | | | | | |
| Contact Name: | | | | | | | | | | | | | Phone No: | | | | | | | | | | | Fax No: | | | | | | | |
| Email: @eq.edu.au | | | | Date of Loss: / / | | | | | | | | | Time of Loss: | | | | 8am – 4pm | | | | | | | 4pm – 8am | | | | | Unknown | | |
| Area of Loss *(Building Name & Room Nos (e.g. E Block – E1, E4):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cause of Loss: | | Arson Break and EnterMalicious Damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Other – please specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated Incident Cost: $ | | | | | | BAS Work Request No (copies of Job Statements MUST be attached): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claim Purpose: | | **Claim for Compensation** | | | | **Notification Only**  (no compensation expected - no response from the scheme) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **POLICE NOTIFICATION DETAILS**  **(Police must be notified for all illegal incidents)** | | | | | | | | | | | | | | | | | | | | Police Station: | | | | | | | | | | | |
| Officers Name: | | | | | | | | | Date: | | | | | | | | | | | Crime No: | | | | | | | | | | | |
| Does any person other than the Department of Education and Training have an interest in the lost/damaged items?  **Yes** (attach details)  **No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 2 – RISK MANAGEMENT \*\*\*MUST BE COMPLETED IN FULL\*\*\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The Department of Education and Training has adopted the strategy of risk management in accordance with the Australian Standard on risk management 31000:2009. To ensure an adherence to this strategy, please provide answers to the following questions:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ■ Has all due care and attention been taken in securing the items for which this claim has been submitted? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ■ Have the good risk management strategies in the Resource Replacement Scheme procedure been complied with?  Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ■ Does the school have a security alarm system? **If yes, was security alarm system activated? Yes/No**  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ■ Was the area of loss covered by the security alarm system?   Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ■ Where the loss occurred during school hours, was the area supervised by staff at the time of the loss?   Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ■ Where the loss occurred outside school learning hours, was the area secured/locked?   Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ■ Does the school have an active School Watch Program in place?   Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ■ Has the school been visited recently by a School Security Advisor?   Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ■ # **How was entry gained? (e.g. through window/door)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ■ # **What damage occurred at the point of entry? Also include sufficient information to “paint the picture” of what happened during the incident?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ■ # **What steps have been taken to prevent a recurrence?**  *#If insufficient space please attach extra page/s* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 3 – DECLARATION \*\*\*Mandatory\*\*\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Declaration**: I hereby declare that the particulars of this claim are a true and faithful account of the loss/damage sustained, and that the values shown do not include any profit or advantage of any kind or are sought unjustly for benefit. I will notify the Resource Replacement Scheme immediately when stolen property has been recovered. I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dated at | | | | | | this | | | | | | | | | | | | | day of | | | | | | | | | | | 20 | |
| **Signature:** | | | | | | | | | | | **Designation:** | | | | | | | | | | | | | | | | | | | | |
| **This form is a legal and binding document and therefore must be signed by either:** **School** – Principal or Deputy Principal (if delegated by the Principal); **Business Unit** – Manager (this applies to central office units, district offices/regions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 4 – DETAILS OF EQUIPMENT AND MATERIALS STOLEN** (Staff losses to be recorded in Section 7)  If insufficient space attach a separate sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Qty** | **Item** | | | | **Brand** | | | | | | | **Model** | | | | | | **Asset ID No.**  (MUST attach copy of  Asset ID Form) | | | | | | | **Acquisition Details**  **Cost Date** | | | | | | |
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| **SECTION 5 – DETAILS OF EQUIPMENT AND MATERIALS DAMAGED** (State if items are repairable)  If insufficient space attach a separate sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Qty** | **Item** | | | | **Brand** | | | **Model** | | | | | **Repairable?**  **Yes/No** | | | **Asset ID No.**  **(MUST attach copy of Asset ID Form)** | | | | | | | **Acquisition Details**  **Cost Date** | | | | | | **Repair Cost (Attach repair quote or statement if item not repairable)** | | |
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| **SECTION 6 – DETAILS OF CASH STOLEN** (Cash losses of must be reported to your Senior Internal Auditor)  If insufficient space attach a separate sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date Reported to Auditor:** | | | | | | | **Name of Auditor:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Purpose of Cash, e.g. Grant funds, General Account, petty cash, excursion money, tuckshop funds, book club money, photo money, money orders, cheques, unused postage and franking stamps (which includes the value of stamps contained in the franking machine)** | | | | | | | **Was cash officially receipted?** | | | **If yes,**  **Receipt No.** | | | | | | | **Location of loss, e.g. unlocked drawer, petty cash tin, filing cabinet, safe, secure store** | | | | | | | | | | | **Amount** | | | |
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| **SECTION 7 – DETAILS OF STAFF MEMBER LOSSES** I insufficient space attach a separate sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Were items at school with Principal’s permission? Yes  No  Were items related directly to delivery of curriculum? Yes  No | | | | | | | | | | | | | | | **Brand/Make & Model** | | | | | | | **Repairable?**  **Yes/No (attach repair quote or statement if item not repairable)** | | | | | **Acquisition Details**  **Cost Date** | | | | |
| **Staff Member Name** | | | **Items Stolen/Damaged** | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |
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| OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claim Status | | | **Processing**  **No Claim (no compensation)**  **No Compensation due to excess** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment Amount | | |  | | | | | | | | | | | | | | | | | | **Date Received Stamp** | | | | | | | | | | |
| Asset ID Forms Provided: | | | **Yes  No** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Claims Officer Name: | | |  | | | | | | | | | | | Date: / / | | | | | | |  | | | | | | | | | | |
| Claim Approval: | | |  | | | | | | | | | | | Date: / / | | | | | | |  | | | | | | | | | | |
| Claim Type: | | | RRS | | | | | | | | | | | QGIF | | | | | | |  | | | | | | | | | | |