

Child Safety Incident or Concern Report Form

RESPONDING TO AN INCIDENT, DISCLOSURE OR SUSPICION OF ABUSE OR OTHER HARM OF A CHILD, YOUNG PERSON OR STUDENT AGED 18 OR OVER

Please submit this report to the Principal at principal@noosacc.qld.edu.au and the Deputy Principal/s at jodi.presecan@noosacc.qld.edu.au (Primary) or daniel.pink@noosacc.qld.edu.au (Secondary).

If this report is related to the Principal, please email the Education Director at sqeducation@sq.adventist.edu.au

REPORTER'S DETAILS

NAME:

CONTACT DETAILS:

RELATIONSHIP TO CHILD/YOUNG PERSON/STUDENT:

1. IMMEDIATE RESPONSE TO AN INCIDENT

If anyone is in immediate danger school staff should report immediately to Queensland Police on 000.

RESPONDING TO AN EMERGENCY

DID THE CHILD/YOUNG PERSON/STUDENT REQUIRE FIRST AID? PROVIDE DETAILS IF 'YES'.

WHO ADMINISTERED THIS? (NAME AND TITLE)

DID THE CHILD/YOUNG PERSON/STUDENT REQUIRE FURTHER IMMEDIATE MEDICAL ASSISTANCE?

CURRENT LOCATION AND SAFETY STATUS:

E.G. ARE ALL IMPACTED STUDENTS SAFE AND NOT IN ANY IMMEDIATE DANGER?

IF A CHILD /YOUNG PERSON/STUDENT IS IN IMMEDIATE DANGER SCHOOL STAFF SHOULD REPORT IMMEDIATELY TO QLD POLICE ON 000

PERSONAL DETAILS	
NAME:	GENDER:
YEAR LEVEL/CLASS:	DATE OF BIRTH:
RESIDENTIAL ADDRESS:	
PARENT/CARER NAME/S:	
PARENT/CARER CONTACT:	
LANGUAGE(S) SPOKEN BY CHILD/YOUNG PERSON/STUDENT:	
DISABILITIES, MENTAL OR PHYSICAL HEALTH ISSUES:	

CULTURAL AND RELIGIOUS BACKGROUND

CHILD/YOUNG PERSON/STUDENT'S BACKGROUND	
CULTURAL AND RELIGIOUS BACKGROUND	
ANY KNOWN PREVIOUS HISTORY OF SUSPECTED ABUSE OR OTHER HARM (PRIOR TO THIS INCIDENT, DISCLOSURE OR SUSPICION OR INVOLVEMENT WITH AGENCIES):	

FAMILY BACKGROUND

FAMILY COMPOSITION (IF KNOWN):

LIST PARENTING OR CARE ARRANGEMENTS AND SIBLING NAMES AND AGES

ANY OTHER PEOPLE LIVING WITH THE CHILD/YOUNG PERSON/STUDENT (IF KNOWN):

FAMILY BACKGROUND

DISABILITY, MENTAL OR PHYSICAL HEALTH ISSUES IN FAMILY (IF KNOWN):

LIKELY REACTION TO A REPORT BEING MADE (IF KNOWN):

DETAILS OF THE INCIDENT, DISCLOSURE OR SUSPICION

FOUNDATIONS FOR YOUR SUSPICION THAT A CHILD/YOUNG PERSON/STUDENT HAS BEEN HARMED, OR IS AT RISK OF HARM

INDICATORS OR INSTANCES WHICH LED YOU TO SUSPECT THAT A CHILD/YOUNG PERSON/STUDENT (OR A GROUP OF CHILDREN/YOUNG PEOPLE/STUDENTS) ARE SUBJECT TO, OR AT RISK OF, ABUSE OR OTHER HARM
GIVE SPECIFIC DETAILS OF DISCLOSURES, INCIDENTS OR CONCERNS (INCLUDING NAMES, TIMES AND DATES AND, AS FAR AS POSSIBLE, EXACT WORDS OF ANY DISCLOSURE) THAT LED YOU TO:

- REASONABLY SUSPECT THAT:
 - A CHILD (AGED UNDER 18) HAS BEEN, OR IS AT RISK OF BEING, HARMED OR IS OTHERWISE IN NEED OF PROTECTION; OR
 - A STUDENT (AGED UNDER 18 OR AGED 18 OR OVER WITH A DISABILITY) HAS BEEN OR IS LIKELY TO BE SEXUALLY ABUSED; OR
- REASONABLY BELIEVE THAT A CHILD SEXUAL OFFENCE IS BEING OR HAS BEEN COMMITTED AGAINST A CHILD:
 - AGED UNDER 16; OR
 - AGED UNDER 18 BUT WITH IMPAIRMENT OF THE MIND; OR
- HAVE ANY OTHER CHILD SAFETY CONCERN ABOUT A STUDENT, A STAFF MEMBER/VOLUNTEER/CONTRACTOR OR THE SCHOOL.

ANY PHYSICAL INDICATORS OF HARM:

ANY BEHAVIOURAL INDICATORS OF HARM:

ANY PATTERNS OF BEHAVIOUR OR PRIOR CONCERNS LEADING UP TO AN INCIDENT, DISCLOSURE OR SUSPICION:

DETAILS OF PERSONS ALLEGED TO HAVE COMMITTED THE ABUSE OR OTHER HARM (IF KNOWN)

NAME:

GENDER

DATE OF BIRTH:

RELATIONSHIP TO CHILD/YOUNG PERSON/STUDENT:

NOTE IF THEY ARE CONNECTED TO THE SCHOOL OR WITHIN THE FAMILY OR COMMUNITY (THIS WILL IMPACT ON WHO YOU REPORT TO)

ADDRESS:

CONTACT DETAILS:

DETAILS OF ANYONE ELSE WHO MAY BE ABLE TO GIVE INFORMATION ABOUT THE INCIDENT, DISCLOSURE OR SUSPICION OF ABUSE OR OTHER HARM (IF KNOWN)

NAME:

RELATIONSHIP TO CHILD/YOUNG PERSON/STUDENT:

NOTE IF THEY ARE CONNECTED TO THE SCHOOL OR WITHIN THE FAMILY OR COMMUNITY

ADDRESS:

CONTACT DETAILS: