

Child Safety Incident Report Form

The Child Safe Standards require organisations that provide services for children to have processes for responding to and reporting suspected child abuse. This form should be provided to a child or their parent/carer if they disclose an allegation of abuse or safety concern with respect to any AllU program. Staff and other relevant parties can use this form to record disclosures or concerns.

Child Safety concerns take many forms and may be through direct disclosure, observation or information received from others. Disclosures include:

- If a child discloses an incident of abuse to you.
- If a parent/carer says their child has been abused or raises a concern.
- Your own observations

The AllU Regional Manager, or their nominee, will notify the child's family/carer, and investigate the alleged incident as quickly as possible (allowable by law).

All incident reports must be stored securely.

If anyone is in immediate danger staff should report immediately to Police Services by calling 000.

RESPONDING TO THE EMERGENCY

Did the child require First Aid? Provide details if "yes"	
Who administered this? (Name and Title)	
Did the child require further immediate medical assistance?	
Current location and safety status: <i>(e.g. Are all impacted students safe and not in any immediate danger? If a child is in immediate danger, staff should report immediately to Police)</i>	

NAME OF PERSON COMPLETING THIS FORM

Name:	
Contact Details:	
Relationship to child(ren):	

Name:	
Contact Details:	
Relationship to child(ren):	

STAFF MEMBER LEADING THE RESPONSE

Name:	
Role:	
Location:	
Relationship to child(ren):	

INCIDENT DETAILS

Date of incident:	
Time of incident:	
Location of incident:	
Name(s) of child(ren) involved:	
Name(s) of staff/volunteer involved:	

INCIDENT CATEGORY

- ☐ Physical abuse
- ☐ Sexual abuse
- ☐ Sexual exploitation
- ☐ Grooming
- ☐ Emotional or psychological
- ☐ Neglect
- ☐ Exposure to family violence
- ☐ Peer to peer event
- ☐ Code of Conduct and/or Policy Breach

INCIDENT DESCRIPTION

When did it take place?	
Who was involved?	
What did you see?	
Protective action taken?	
Other information	

CHILDREN DETAILS

First Name:		Family Name:			
DOB:		Sex:			
Address:					
Suburb:		State:		Postcode:	
Does the child identify as (✓ relevant response):					
CaLD	<input type="checkbox"/>	Aboriginal or Torres Strait Islander	<input type="checkbox"/>	Having a disability	<input type="checkbox"/>

First Name:		Family Name:			
DOB:		Sex:			
Address:					
Suburb:		State:		Postcode:	
Does the child identify as (✓ relevant response):					
CaLD	<input type="checkbox"/>	Aboriginal or Torres Strait Islander	<input type="checkbox"/>	Having a disability	<input type="checkbox"/>

CHILD/REN DETAILS (CONTINUED)

First Name:		Family Name:			
DOB:		Sex:			
Address:					
Suburb:		State:		Postcode:	
Does the child identify as (✓ relevant response):					
CaLD	<input type="checkbox"/>	Aboriginal or Torres Strait Islander	<input type="checkbox"/>	Having a disability	<input type="checkbox"/>

ADULT DETAILS

Name(s) of staff/volunteer/contractor/other involved in the incident: ☐ N/A

First Name:		Family Name:	
Position:		Department/Team:	
Email:		Phone (direct):	
Date:		Time:	

First Name:		Family Name:	
Position:		Department/Team:	
Email:		Phone (direct):	
Date:		Time:	

Name(s) of person(s) who witnessed or is aware of the incident: ☐ N/A

First Name:		Family Name:	
Position:		Department/Team:	
Email:		Phone (direct):	
Date:		Time:	

First Name:		Family Name:	
Position:		Department/Team:	
Email:		Phone (direct):	
Date:		Time:	

Name(s) of parent/carer of child(ren) involved in the incident: ☐ N/A

First Name:		Family Name:			
DOB:		Sex:			
Address*:					
Suburb:		State:		Postcode:	
Does the parent identify as (✓ relevant response):					
CaLD	<input type="checkbox"/>	Aboriginal or Torres Strait Islander	<input type="checkbox"/>	Having a disability	<input type="checkbox"/>

* if address is different from the child.

Name(s) of parent/carer of child(ren) involved in the incident:

D N/A

First Name:		Family Name:			
DOB:		Sex:			
Address*:					
Suburb:		State:		Postcode:	
Does the parent identify as (✓ relevant response):					
CaLD	<input type="checkbox"/>	Aboriginal or Torres Strait Islander	<input type="checkbox"/>	Having a disability	<input type="checkbox"/>

** if the address is different from the parent/guardian listed above.*

REPORTER'S DETAILS

Name:	
Contact details:	
Relationship to child/ren:	

INCIDENT REPORTER WISHES TO REMAIN ANONYMOUS?

Mark with an 'X' as applicable

- ☐ Yes
☐ No

ACTION TAKEN

Has the Incident been reported **externally**?

☐ N/A ☐ YES ☐ NO

If No, please report immediately

External Agency	Contact Name	Date	Time	Agency Reference Number
Child Protection Services ph. 1800 177 135				
Police (000)				
Regulatory Body within your jurisdiction (please specify)				
Report Details:				
Notification Required:		Yes		No
Rationale:		Outcome (if/when known):		

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Has the Incident been reported **internally**?
NO

☐ N/A ☐ YES ☐

ROLE	NAME	DATE	TIME	SIGNATURE
AllU Regional Manager				
General Manager, AllU				
Other				
Name of staff member managing the incident:				
Contact Details	Email:		Phone:	
Internal Reference (if applicable):		Document Storage Reference:		

Contacting parents/carers: ☐ YES ☐ NO

	YES	NO	DATE/TIME	CONTACT NAME
Have you sought advice from Child Protection Services or the Police?				
	YES	NO	RATIONALE	
Is it appropriate to contact parents/carers?				

If contacting parents/carers:

Name of staff member making the call:	
Name of parent/carer receiving the call:	
Discussion outcomes:	

TO BE COMPLETED BY AIU 's REGIONAL MANAGER

Does the incident meet the threshold for Reportable Conduct? ☐ YES ☐ NO

Has it been reported to the GM, AIU? ☐ YES ☐ NO

If No, please report as soon as possible.

External Agency	Contact Name	Date	Time	Agency Reference Number	
Internally to General Manager, AIU					
Internally to AIU Regional Manager					
Reportable Conduct Scheme					
Other (specific to your jurisdiction)					
Report Details: 					
Next Steps: 					

What follow-up action is required?

ROLE	RATIONALE	DUE DATE	OUTCOME (IF/WHEN KNOWN)
External Investigation (wait until outcome of police investigation)			
Internal Investigation			
Review of Policies and Procedures			
Risk Assessment Review			

FURTHER INFORMATION

Contact the AIU Regional Manager