



# STUDENT PROTECTION REPORT

To Queensland Police Service and/or Department of Communities, Child Safety and Disability Services

## Type of Report

- Mandatory Report of Sexual Abuse/Likely Sexual Abuse to the Queensland Police Service
- Mandatory Report of a Reportable Suspicion to the Department of Child Safety (Sexual Abuse /Physical Abuse)
- Report of a reasonable suspicion that a child may be in need of protection caused by emotional abuse or neglect to the Department of Child Safety
- Report of significant physical harm/risk of significant harm of a student by another student to Queensland Police Service

The Qld Child Protection Guide was used to support the decision to submit this report:

- Yes  No

## PART A: FIRST PERSON REPORT (RECORD OF CONCERN)

School Details	Villanova College 24 Sixth Avenue Coorparoo QLD 4151 Telephone: 3394 5690
School Principal	Mr Mark Stower

## Details of the Subject Child

Legal Name:	Given Name:	Surname:
Preferred Name:	DOB:	Year Level:
Indigenous Status:		
Main Language:	Interpreter Required: <input type="checkbox"/> yes <input type="checkbox"/> no	
Disability: <input type="checkbox"/> yes <input type="checkbox"/> no Disability Details:	Verified: <input type="checkbox"/> yes <input type="checkbox"/> no	
Residential Address:		
Current location of child:		

Are there additional subject children in relation to this matter?

Please note: If you have more than one subject child (who is not a sibling), a separate student protection report will have to be completed. If the additional subject children are siblings, indicate below.

- Yes  No

**Parent /Guardian/Carer of the Child**

Legal Name:	Preferred Name
Gender	DOB:
Relationship to Child:	Lives with the Affected Child: <input type="checkbox"/> yes <input type="checkbox"/> no
Mobile Number:	
Residential Address(es):	
Indigenous Status:	
Main Language:	Interpreter Required: <input type="checkbox"/> yes <input type="checkbox"/> no
Disability: <input type="checkbox"/> yes <input type="checkbox"/> no	Disability Details:

**Additional Parent/Guardian/Carer of the Child**

Legal Name:	Preferred Name
Gender	DOB:
Relationship to Child:	Lives with the Affected Child: <input type="checkbox"/> yes <input type="checkbox"/> no
Mobile Number:	
Residential Address(es):	
Indigenous Status:	
Main Language:	Interpreter Required: <input type="checkbox"/> yes <input type="checkbox"/> no
Disability: <input type="checkbox"/> yes <input type="checkbox"/> no	Disability Details:

**Siblings/Other Family Members**

Please type name, DOB and relationship to the subject child for each family member. Please indicate if the siblings are also considered subject children in relation to this matter. Eg. John Smith (DOB, sibling, also a subject child)

**Type of Abuse**

- Sexual abuse     Likely sexual abuse
- Physical abuse/unacceptable risk of physical abuse
- Emotional abuse/unacceptable risk of emotional abuse
- Neglect/unacceptable risk of neglect

**Awareness of Concern**

- Disclosure by student
- Information from another student



- Information from a relative of the student
- Information from another parent at the school
- Observations of a staff member
- Anonymous report
- Other <specify>

### Description of Concern

(Please include as much information as possible to facilitate a thorough assessment of safety/harm by QPS and Child Safety. Include information such as - what happen, who was involved? when did it happen (approx. date/time)? Where did it happen?)

Has the concern (or similar) occurred previously?

### Injuries to Child

(Please describe any injuries if known, include information such as - location, shape, size, colour. )

yes    no    unknown

Details:

### Immediate Safety Concerns:

(Please detail any concerns you may have about the subject child's immediate safety)

yes    no    unknown

Details:

### Observation of Subject Child's Behaviour

(Please provide details of the subject child's current behavioural/emotional presentation where known or relevant. For example, please indicate whether these behaviours were present prior to the disclosure or observed post disclosure)

### Source(s) of Concern

(Details of person believed to have caused the harm)

Legal Name:

Preferred Name:

Gender:

Date of Birth:

Telephone numbers:



### Source of Concern by Category

- Staff member, other employee or volunteer
- Parent, carer, family member or other person in the community
- Other student enrolled at the school
- Self-harm

**Is the source of concern a parent?:**       Yes    No    Unknown

Relationship:	
Does this parent have current access to the subject child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

### First Person Report (Record of Concern) Completed By

Name:	Position:
Telephone numbers:	
Other contact information:	

## PART B: ADDITIONAL INFORMATION (COMPLETED BY THE PRINCIPAL)

### Information for the Subject Child

Family Court Orders	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Details:	
Child Protection Orders	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Details:	
Departmental Out of Home Care:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Details:	
Previous Student Protection Reports:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Details	

### Risk Factors

*(Please provide details of any known risk factors. This includes issues that may impact of the child's vulnerability – medical issues, challenging behaviours, social issues and any issues that may impact on the parent's ability and willingness to protect the child – substance misuse, domestic violence, mental illness)*

Child Risk Factors	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Details:	
Parent(s) Risk Factors	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Details:	



## Protective Factors

(Please provide details of any known protective factors such as - any actions parent/s have taken to address the concerns, involvement of support agencies, family support network)

<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	
Details:	

## Other Additional Information

(to be completed if the principal has knowledge of any other relevant information not included above, for example - previous discussion with parents, support offered by the school and any actions taken by school staff)

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## Person(s) With More Information

Name:	Position:
Telephone numbers:	
Other contact information:	

## Report Submitted by (Principal's Details)

Name:	Position:
Date:	Time:
Telephone numbers:	
Email:	
School:	
Suburb:	

## Report Submitted Via Principal's Email To:

QPS - CPIU                       DCCSDS - RIS TEAM

## Request by School for Outcome Advice

Villanova College requests that the outcome of the State Authority's (QPS/Child Safety) assessment of the reported concerns be communicated to the Principal.

### Note to Principals:

- 1) Please save a copy of this form before submitting
- 2) All SP reports to QPS/ DCCSDS **must be submitted by the Principal** (the principal's signature is not required as emailing of the report fulfils the principal's legislative obligations)
- 3) The Principal must inform the First Person /author of the Record of Concern that the Report has been made