# Student Protection Reporting Form

For reporting an allegation of sexual abuse, suspected sexual abuse or likely sexual abuse of a student by another person; a child sexual offence (by an adult); a reasonable suspicion that a child has suffered, is suffering, or is at unacceptable risk of suffering significant harm and may not have a parent able and willing to protect the child from harm. Once completed, this form MUST be sent to the Queensland Police Service and/or the Department of Child Safety, Youth and Women Regional Intake Service as required.

This form meets the reporting requirements under sections 366 and 366A of the *Education (General Provisions) Act 2006*, section 13E of the *Child Protection Act 1999*,regulation 16 of the *Education (Accreditation of Non-State Schools) Regulation 2017* and section 229BC of the *Criminal Code Act 1899.*

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| **Date of Report** | Enter a date. |

**PART A**: The following sections to be completed by the person making this report: *(include as much detail as possible based on the information known)*

**TYPE OF REPORT**

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|  | Sexual Abuse  or a Child Sexual Offence (by an adult) |  | Likely Sexual Abuse |
|  |  |  |  |
|  | Significant Harm |  | Unacceptable Risk of Significant Harm |

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| **DETAILS OF THE PERSON MAKING THIS REPORT (The “First Person)** | | | | | | | | |
| Name | | Enter Name. | | | **Position/Role** | | Enter Position | |
| School/Workplace | | Click or tap here to enter text. | | | | | | |
| Address | | Click or tap here to enter text. | | | | | | |
| Suburb | Suburb. | | State | State | Postcode | PC | Phone | Phone |

**STUDENT AND FAMILY DETAILS**

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| **DETAILS OF THE STUDENT SUBJECT OF THIS REPORT:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| D.O.B. | D.O.B. | | | | | | Age | | | Age | | Gender | | | | | Gender | | | Year Level | | | Year | |
| Residential address | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| Suburb | | Suburb. | | | | | State | | | | State | | Postcode | | | | | PC | | | | Phone | | Phone |
| Does the student have a disability? | | | | Yes  No | | | | | | | | | | Type/nature of disability: | | | | | Type of disability | | | | | |
| Impact of disability on interview process: | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Cultural Background | | | Aboriginal | | | | | | Torres Strait Islander | | | | | | | Other – please specify: | | | | | Other | | | |
| Does the student speak English? | | | | | | Please Select | | | | | | | | | If no, please specify language: | | | | | | Other | | | |
| Is an interpreter required? | | | | | | Please Select | | | | | | | | |  | | | | | | | | | |

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| **PARENT/GUARDIAN DETAILS** | | | | | | | | | | | |
| **Parent 1** | | | | | | | | | | | |
| Parent/Guardian name | | | Parent/Guardian Name. | | | | Relationship to student | | | | Relationship |
| Address (if different from student) | | | Click or tap here to enter text. | | | | | | | | |
| Suburb | Suburb | | | State | Choose an item. | | | Postcode | | | Postcode |
| Phone (Home) | | Home Phone | | (Work) | | Work Phone | | | (Mobile) | | Mobile Phone |
| **Parent 2** | | | | | | | | | | | |
| Parent/Guardian’s name | | | Parent/ Guardian Name | | | | Relationship to student | | | | Relationship |
| Address (if different from student) | | | Click or tap here to enter text. | | | | | | | | |
| Suburb | Suburb | | | State | Choose an item. | | | Postcode | | | Postcode |
| Phone (Home) | | Home Phone | | (Work) | Work Phone | | | | | (Mobile) | Mobile Phone |

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| **FURTHER DETAILS ABOUT THE HOUSEHOLD (IF KNOWN)** | | | |
| **Name** | **Age** | **Gender** | **Relationship to Student** |
| Click or tap here to enter text. | Age | Gender | Click or tap here to enter text. |
| Click or tap here to enter text. | Age | Gender | Click or tap here to enter text. |
| Click or tap here to enter text. | Age | Gender | Click or tap here to enter text. |
| Click or tap here to enter text. | Age | Gender | Click or tap here to enter text. |

**ALLEGATION DETAILS**

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| **ALLEGATION MADE AGAINST** *(if more than one person is reported please attach on additional page)* | | | | | | | | | | | | | | | |
| Name | | Name | | | | | Age | Age | | | | Gender | | Gender | |
| Address | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Suburb | Suburb. | | | State | State | | | | Postcode | | PC | | Phone | | Phone |
| Relationship to student subject of this report | | | | | | | Click or tap here to enter text. | | | | | | | | |
| **Is the allegation against a staff member or volunteer?** | | | | | | | | | | Yes  No | | | | | |
| **Type of abuse** (tick as many as apply) | | | Physical Abuse  Neglect  Sexual abuse  Emotional/psychological abuse | | | | | | | | | | | | |
| **Child Sexual Offence (by an adult)** | | | Type of Offence: | | | | | | | | | | | | |
| **Type of harm** (tick as many as apply) | | | Physical Harm  Emotional Harm  Psychological Harm | | | | | | | | | | | | |
| **DETAILS OF THE BASIS FOR THE FIRST PERSON BECOMING AWARE OR REASONABLY SUSPECTING THAT THE STUDENT HAS BEEN ABUSED OR HARMED OR THAT A CHILD SEXUAL OFFENCE HAS BEEN COMMITTED BY AN ADULT** | | | | | | | | | | | | | | | |
| Date of allegation/disclosure/suspicion | | | | | | Click or tap here to enter text. | | | | | | | | | |
| How and where was the allegation/disclosure made or suspicion formed? Eg disclosure, observation, information from another person | | | | | | Click or tap here to enter text. | | | | | | | | | |

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| **What concerns have led you to form a reasonable suspicion of abuse, significant harm or a child sexual offence (by an adult)?** (include as much information as possible, including: what happened, where did it happen, when did it happen, who was involved) | | |
| Click or tap here to enter text. | | |
| **What have you noticed about the student’s appearance and/or behaviour?** | | |
| Click or tap here to enter text. | | |
| **Does the student have a current physical injury or have they experienced a physical injury as a result of the incidents?**  **If yes please provide details and describe the injury:** | **Yes**   **No**  **Unknown** | |
| Click or tap here to enter text. | | |
| **If yes to physical injury, did the student require medical treatment or does the child require medical treatment?** | | **Yes**   **No**  **Unknown** |
| **If yes, was/has medical treatment been provided to the student?**  **If yes, provide details of what treatment has or is being provided:** | | **Yes**   **No**   **Unknown** |
| Click or tap here to enter text. | | |
| **Are there any immediate safety concerns for the student?**  **If yes, provide details of the immediate safety concerns:** | | **Yes**   **No**   **Unknown** |
| Click or tap here to enter text. | | |

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| **DETAILS OF PERSONS WHO MAY HAVE FURTHER INFORMATION AROUND ALLEGED ABUSE, HARM OR CHILD SEXUAL OFFENCE (BY AN ADULT)** *(if more than one person please attach on additional page)* | | | | | | | | | | | | |
| Name | | Name | | | Age | Age | | | Gender | | Gender | |
| Address | | Click or tap here to enter text. | | | | | | | | | | |
| Suburb | Suburb. | | State | State | | | Postcode | PC | | Phone | | Phone |
| Relationship to student subject of this report | | | | | Click or tap here to enter text. | | | | | | | |
| Email address (if known:) | | | | | Click or tap here to enter text. | | | | | | | |

**PART B:**

The following sections to be completed by the Principal/Director of the Governing Body:

**ADDITIONAL INFORMATION**

|  |  |
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| **CURRENT OR PREVIOUS ORDERS AND INTERVENTION:** | |
| **Family Court Order?** | **Yes**   **No**   **Unknown** |
| **Details** | Click or tap here to enter text. |
| **Domestic Violence Order?** | **Yes**   **No**   **Unknown** |
| **Details** | Click or tap here to enter text. |
| **Child Protection Order?** | **Yes**   **No**   **Unknown** |
| **Details** | Click or tap here to enter text. |
| **Departmental Intervention?** | **Yes**   **No**   **Unknown** |
| **Details** | Click or tap here to enter text. |
| **Previous Student Protection Reports?** | **Yes**   **No**   **Unknown** |
| **Details** | Click or tap here to enter text. |
| **Referral to Support Service?** | **Yes**   **No**   **Unknown** |
| **Details** | Click or tap here to enter text. |

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| **Are there any risk factors which may be impacting negatively on the student or family?** *For example: domestic violence, alcohol/substance misuse, disability, mental health instability, physical/intellectual disability* |
| **Yes**   **No**   **Unknown**  **If yes provide details:** |
| Click or tap here to enter text. |
| **Is the parent/caregiver aware of the concerns?** |
| **Yes**   **No**   **Unknown**  **If yes provide details:** |
| Click or tap here to enter text. |
| **What other services or supports are currently in place to support the student and their family (if known)?** |
| Click or tap here to enter text. |
| **Any other relevant information:** |
| Click or tap here to enter text. |

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| **DETAILS OF THE PERSON MAKING THIS REPORT (The “First Person)** | | | | | | | | | | | |
| Name | | Name | | | | | **Position/Role** | | | Position | |
| School/Workplace | | School/Workplace | | | | | | | | | |
| Address | | Click or tap here to enter text. | | | | | | | | | |
| Suburb | Suburb. | | | State | State | Postcode | | PC | Phone | | Phone |
| Email Address: | | | Click or tap here to enter text. | | | | | | | | |

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| **REPORT SENT TO:** | |
| Queensland Police Service – where the allegation is of sexual abuse or likely sexual abuse of a student, or a child sexual offence (by an adult) | Details: |
| Click or tap here to enter text. |
| Department of Child Safety, Youth and Woman Regional Intake Service - where the allegation is that a child has suffered, is suffering or is at unacceptable risk of suffering significant harm and may not have a parent able and willing to protect the child from harm | Details: |
| Click or tap here to enter text. |
| Director of the Governing Body - where the Principal is the first person in relation to an allegation of sexual abuse or likely sexual abuse of a student, OR where the allegation is against the Principal | Details |
| Click or tap here to enter text. |

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| **Date Report submitted** | Click or tap to enter a date. |

***Important Notice:*** *Once submitted to the Principal or Director of the Governing Body this form MUST be sent, as a matter of urgency, to the Queensland Police Service and/or the Department of Child Safety, Youth and Woman as required.*