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 |
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|[ ]  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.*