

Child Safety Incident Report Form

The School of Chinese Education

The Child Safe Standards require organisations that provide services for children to have processes for responding to and reporting suspected child abuse . You can provide this resource to a child or their family if they disclose an allegation of abuse or safety concern in your organisation (they may need your help to complete it). Your staff can also use this resource 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 in your organisation or raises a concern.
- Your own observations.

The Child Safety Officer, or their nominee, will notify the child's family, 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 Victoria Police on 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, school staff should report immediately to Police on 000)</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 abuse
- 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	

CHILD/REN DETAILS

First Name:		Family Name:			
DOB:		Sex:			
Address:					
Suburb:		State:		Postcode:	
Does the child identify as (✓ relevant response):					
CaLD		Aboriginal or Torres Strait Islander		Having a disability	

First Name:		Family Name:			
DOB:		Sex:			
Address:					
Suburb:		State:		Postcode:	
Does the child identify as (✓ relevant response):					
CaLD		Aboriginal or Torres Strait Islander		Having a disability	

CHILD/REN DETAILS (CONTINUED)

First Name:		Family Name:			
DOB:		Sex:			
Address:					
Suburb:		State:		Postcode:	
Does the child identify as (✓ relevant response):					
CaLD		Aboriginal or Torres Strait Islander		Having a disability	

ADULT DETAILS

Name(s) of staff/volunteer/contractor 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:	

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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/guardian 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		Aboriginal or Torres Strait Islander		Having a disability	

** if address is different from the child.*

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Name(s) of parent/guardian 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		Aboriginal or Torres Strait Islander		Having a disability	

** 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 (1300 655 795 or after hours 13 12 78)				
Police (000)				
Other Regulatory Body (please specify e.g. Dept. of Education, CCYP etc)				
Report Details:				
Notification Required:		Yes		No
Rationale:		Outcome (if/when known):		

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Has the Incident been reported **internally**?

☐ N/A ☐ YES ☐ NO

ROLE	NAME	DATE	TIME	SIGNATURE
Child Safe Officer				
Principal				
CLV Child Safe Officer				
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 DHS, DET or Victoria Police?				
	YES	NO	RATIONALE	
Is it appropriate to contact parents or carers?				

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If contacting parents/carers:

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

TO BE COMPLETED BY THE CHILD SAFE OFFICER

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

Has it been reported to the Principal/CLV? ☐ YES ☐ NO

If No, please report as soon as possible.

External Agency	Contact Name	Date	Time	Agency Reference Number	
Internally to Principal/CSO					
Internally to CLV Child Safe Officer					
Reportable Conduct Scheme (CCYP) 1st contact					
Other					
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 Child Safe Officer on:

Chang Zhou

kenatmel@gmail.com

03-98905062