

## RISK OF SIGNIFICANT HARM FORM

*Refer to the Child Safety Reporting Procedures before completing this Form.*

*This Form must be completed by the person who hears a disclosure or wishes to report a child or young person at risk of significant harm.*

**THE COMPLETED FORM MUST BE GIVEN ONLY TO THE SAFETY CONCERNS PERSON.**

### DETAILS OF PERSON REPORTING ALLEGED ABUSE/ RISK OF HARM

Full Name:	Team Leader Name:	Date and time of report/incident:
Role:	Contact information:	
Relationship to alleged victim:		

### DETAILS OF VICTIM

Full Name of child/young person:		
Gender:	Age:	Date of birth: (if known)
Name(s) of parents/guardian(s): (if applicable)		
Child's Address:		
Mobile Phone:	Home Phone:	
Names of known support people to the child and family		
Have the parents/guardians of the victim been notified? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
If yes, person(s) spoken to:..... Date: .....		
What were they told?		

## DETAILS OF ALLEGED ABUSE / RISK OF HARM

Nature of alleged abuse: <input type="checkbox"/> physical <input type="checkbox"/> emotional <input type="checkbox"/> sexual <input type="checkbox"/> neglect <input type="checkbox"/> witness domestic violence
Is this report due to a direct <b>disclosure</b> or <b>reasonable grounds</b> ? (circle)
State immediate safety concerns:
If Disclosure:    Date: .....    Time: ..... Describe why you have 'reasonable grounds' for this report (add pages if needed). Include, when and how you became aware of the information, names of other witnesses, description of any injuries, description of the behaviour of the child, the carer's attitude regarding incident (if known). Where disclosure has occurred provide a first person report in this space. Record the child's actual words (attach transcript).

## DETAILS OF ALLEGED PERPETRATOR (IF KNOWN)

Name:		
Gender:	Age:	Phone no:
Address:		
Does the child know this person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details of the relationship		
Is the person involved in Ministry? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity?		
Does the alleged perpetrator know about the report? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who spoke to him/her? .....    Date: ..... What was he/she told?		

**Signed:** .....    **Date:** .....

## PROCEDURE

If this concern is in relation to a person under the age of 18, **please refer to the Child Safety Reporting Procedures.**

If in doubt, ask a Pastor, Ministry Leader, Team Leader or the Safety Contact Person for help.

1. Call emergency services if there is immediate danger.
2. Listen to any concerns being raised.
  - a. If you are under 18, ask a Team Leader or Pastor to assist you.
  - b. Interact as follows:
    - Support the person and reassure them.
    - Emphasise that what occurred is not their fault.
    - Stop questioning the child and witnesses if the conduct described is likely to constitute criminal conduct.
    - Consider whether expert assistance is needed to support a child to communicate their concern or disclosure (e.g. language interpreter).
    - Limit questioning, ask only open questions.
    - Don't make promises that cannot be kept.
    - Include that the information will remain confidential, and tell the person who will be told and why.
    - Document the conversation using the person's exact words as far as possible.
3. Write up the concern straight away and any actions taken in response to the concern.
4. Report to the Police if you have a reasonable belief of child sexual abuse. *(If you are 18 or over, you are personally obliged to report to police if you have a reasonable belief that a person who is 18 or older has committed or attempted to commit a sexual offence against a child who is under 16.)*
5. Respect everyone's privacy and do not discuss your concerns with anyone else, unless you need support.
6. **Give the completed Form and report directly to the Safety Contact Person.**

### Safety Contact Person

Name:	<b>Karen Fletcher</b>
Phone number:	<b>(03) 9702 1011</b>
Email:	<b>karenf@bcoc.com.au</b>
Other contact details:	<b>Church Office: (03) 9702 1011 (Mondays to Thursdays)</b>