

**SC025 CHILD PROTECTION
REPORT FORM
CONFIDENTIAL**

For record keeping and sharing of information between Local ACC churches and the movement for risk management and duty of care purposes.

In accordance with ACC Child Protection Policy reporting procedures, any disclosure, belief or suspicion of a child protection concern is to be documented and the information passed on to your Local Safer Churches Officer as soon as practicable (preferably within 24 hours) to ensure all reporting requirements are met. *Note: SA requires a direct report to CARL

Your Local Safer Churches Officer MUST RETURN THE COMPLETED FORM TO THE STATE SAFER CHURCHES OFFICER WITHIN 14 DAYS.

**This form shall be kept in a secure manner for not less than 45 years.
All fields must be completed. If a field is not applicable, the reason it is not applicable must be documented.**

Church Details

Church Name	Faith City Church
Church Address	387 Pinjarra Road, Mandurah

Local Safer Churches Officer or equivalent

Name	
Contact details	

Details of person who has raised the concerns/received the disclosure

Name	
Contact details	
Role	
Relationship with the child/person whom the report is about	

Details of the person whom the concern / disclosure is about

Full name	
Age and Date of Birth	
Gender	
School (if applicable)	
Any other relevant details or issues to be aware of (e.g. cultural issue, disability, ethnicity, etc)	
Who does the person live with (include address and contact details)	
Is the person aware of this report?	
Is the parent/guardian aware of this report? (Where applicable)	
Where is the person now? Is s/he in a place of safety and are there any immediate medical issues?	

The concern

Child protection concern:

- Observed/suspected by yourself
- Disclosure by the person
- Allegation made by:

Full Name:	
Address:	
Contact Number:	

Details of person subject of the allegation/information

Who is the person subject of the allegation/information?

- Church Staff
- Church Volunteer/leader
- Family member of child
- Member of congregation
- Someone in the community

Name of person subject of the allegation/information	
Age and DOB (if known)	

Address (if known)	
Contact number (if known)	
Other relevant details e.g. job position, relationship with child, etc (if known)	

Details of Report

Please include the following:

- Details of the child protection concern or incident (Include what is alleged to have happened? What were the circumstances etc)
- Write down exactly what the child or other person has said (in his/her own words) and what you said (NB: Do not ask the child leading question - record actual details)
- Observations made by you (e.g. observed injuries, persons perceived emotional state etc. Mark which observations are fact or opinion)

Date(s) time(s) of incident(s)	
Location(s) of incident(if known)	

Information/ Allegation Details:

Attach further documentation if required

Signature: _____ Date: _____

ACC Safer Churches Guideline 8 - steps taken by local church

Date and time 1800 Safer Churches Helpline called	
Advice provided	
Action taken	

Date and time Government Child Protection agency contacted (where required, include event/incident number provided)	
<i>If not contacted, please state reason why</i>	
Advice provided	
Action taken	

Date and time Police contacted (where required, include event/incident number provided)	
<i>If not contacted, please state reason why</i>	
Advice provided	
Action taken	

Date and time Insurance contacted	
<i>If not contacted, please state reason why</i>	
Advice provided	
Action taken	

Date and time Reportable conduct matter reported (where required)	
Pastoral Care actions implemented	
Risk management actions Implemented	

Please attach any documentation if more space required

ACC State Safer Churches: Action taken by State Safer Churches Officer

Record / attach notes from discussions with the ACC State Safer Churches officer (where required).

Additional Follow up or Information

Actions: Include any continued follow-up needed. (Any ongoing or follow up actions and/ or information must be forwarded to you State Safer Churches Officer within 14 days)

Review of incident

Lessons Learned: Strengths and weaknesses in areas of the response and management etc.

Recommendations (if any) in relation to

a) Practices and /or training

b) changes to procedure and/ or documentation

Name: _____

Signed: _____ **Date:** _____