



If you believe a child is in immediate danger phone 000
DHHS Child Protection/Police/Child FIRST - Report

Name of person making the report: _____ Date: _____

Relationship to child in report: _____

Full name of child:		Gender:	
Date of birth:		Age:	Year Level/ Class:
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: (e.g. are all impacted children safe and not in immediate danger) If in immediate danger contact Police 000			
Residential address of child:			
Name of mother:		Contact:	
Name of father:		Contact:	
Name of carer: (if relevant)		Contact:	
Language/s spoken:	Parents:	Child:	

Family composition (if known):		Any other people living with child (if known):
Family background: disabilities, mental or physical health issues		Likely reaction to a report being made (if known):
Child: disabilities, mental or physical health issues		
Child: cultural status and religious background:		
Child: any known previous history of abuse (prior to this incident):		
Prior involvement with agencies:		
Grounds for your belief that a child has been, or is at risk of abuse: Detail any disclosures, or incidents or suspicions – including names, times and dates. Document a child’s exact words as far as possible. Include specific detail here on what led you to form a reasonable belief that a child has been, or is at risk of being abused		

Any physical indicators of abuse:	
Any behavioural indicators of abuse:	
Any patterns of Behaviour or prior concerns leading up to an incident, disclosure or suspicion:	

DETAILS OF PERSON/S ALLEGED TO HAVE COMMITTED THE ABUSE (If known)

Name:		Date of birth:	Gender:
Address:		Contact:	
Relationship to child:			

REPORTING TO AUTHORITIES

Tick the authorities you have reported to:

VICTORIA POLICE

DHHS CHILD PROTECTION

CHILD FIRST

DECIDED NOT TO REPORT

If you have decided not to report list your reasons here. Also include any follow-up actions undertaken by you:

REPORTING TO AUTHORITIES INTERNALLY:

PROVIDE DETAILS OF YOUR DISCUSSION WITH SCHOOL LEADERSHIP

Date:	Time:
Name/s	
Discussion outcomes:	

GOVERNMENT SCHOOL STAFF: Must report to SECURITY SERVICES UNIT and also the EMPLOYEE CONDUCT BRANCH if the incident involves a STAFF MEMBER, CONTRACTOR OR VOLUNTEER.

SECURITY SERVICES UNIT:

Date:	Time:
Name/s	
Discussion outcomes:	

EMPLOYEE CONDUCT BRANCH:

Date:	Time:
Name/s	
Discussion outcomes:	

ACTIONS TAKEN

PROVIDE DETAILS OF YOUR DISCUSSION WITH PARENTS/CARERS (if appropriate)

NOTE: School staff must consult with Victoria Police and/or DHHS Child Protection to determine if it is appropriate to contact parents. IF IT IS – parents must be contacted as soon as possible (preferably on the same day of the incident, disclosure or suspicion).

<p>HAVE YOU SOUGHT ADVICE FROM VICTORIA POLICE OR DHHS CHILD PROTECTION?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>IS IT APPROPRIATE TO CONTACT PARENT/CARER?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>LIST REASONS IF IT IS NOT APPROPRIATE TO CONTACT PARENT/CARER</p>
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IF CONTACTING PARENT/CARER – PROVIDE THE FOLLOWING DETAILS:

NAME OF STAFF MEMBER MAKING THE CALL:

NAME OF PARENT/CARER RECEIVING THE CALL:

DISCUSSION OUTCOMES:

PLANNED ACTIONS:

Include details of what follow-up actions have occurred to support the student (for example referral to wellbeing professionals and other specialised services, the convening of a student support group and development of support plans)

FOLLOW UP ACTIONS:

SUPPORT:

REFERRAL/S:

SAFETY AND WELLBEING:

CURRENT SAFETY AND WELLBEING OF THE CHILD:

IS THE CHILD SAFE FROM ABUSE AND HARM?

YES

NO **If NOT consider the need to make a further report**

DOES THE CHILD HAVE ANY WELLBEING ISSUES THAT ARE NOT CURRENTLY BEING ADDRESSED?

YES **If so consider how these can be addressed and captured within a Student Support Plan**

NO

CURRENT WELLBEING OF OTHER CHILDREN WHO MAY BE IMPACTED BY THE ABUSE:
ARE THERE ANY OTHER CHILDREN WHO MAY BE IMPACTED BY THE ABUSE?
YES
NO
IF SO HAVE THEIR WELLBEING NEEDS BEEN MET?
YES **If so consider how these can be addressed and captured within a Student Support Plan**
NO
CURRENT WELLBEING OF IMPACTED STAFF MEMBERS:
DOES THE STAFF MEMBER WHO MADE THE REPORT/WITNESSED THE INCIDENT, FORMED A SUSPICION OR RECEIVED A DISCLOSURE REQUIRE ANY SUPPORT?
YES
IF SO HAS THIS BEEN ACHIEVED?
YES
NO
NO

REVIEW OF ACTIONS TAKEN:

**HAVE SCHOOL STAFF FOLLOWED THE FOUR CRITICAL ACTIONS FOR SCHOOLS –
RESPONDING TO INCIDENTS, DISCLOSURES OR SUSPICIONS OF CHILD ABUSE?**

**WAS AN APPROPRIATE DECISION MADE IN
RELATION TO, WHEN TO ACT?**

YES
NO

**COULD THE SUSPECTED ABUSE HAE BEEN
DETECTED EARLIER?**

YES
NO

ACTION 1

**DID THE SCHOOL TAKE APPROPRIATE
ACTION IN AN EMERGENCY?**

YES
NO

ACTION 2

**WAS THE REPORT MADE TO THE
APPROPRIATE AUTHORITIES AND
INTERNALLY?**

ACTION 3

**DID THE SCHOOL CONTACT THE
PARENTS/CARERS ASAP?**

YES
NO

**IF IT WAS APPROPRIATE TO CONTACT THE
PARENTS/CARERS – HAVE THEY CONTINUED
TO BE ENGAGED?**

YES
NO

ACTION 4

**HAS THE SCHOOL PROVIDED ADEQUATE
SUPPORT FOR THE CHILD?**

YES
NO

**HAS A STUDENT SUPPORT PLAN BEEN
ESTABLISHED?**

YES
NO

**HAS A STUDENT SUPPORT GROUP BEEN
ESTABLISHED?**

YES
NO

**WAS THE STUDENT APPROPRIATELY
SUPPORTED IN ANY INTERVIEWS?**

YES
NO

HAVE ANY COMPLAINTS BEEN RECEIVED?

YES
NO

**IF YES, HAVE THE COMPLAINTS BEEN
RESOLVED?**