

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 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 Communities, Child Safety and Disability Services 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* and regulation 10 of the *Education (Accreditation of Non-State Schools) Regulation 2001*.

Date of Report

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

- | | |
|---|--|
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Likely Sexual Abuse |
| <input type="checkbox"/> Significant Harm | <input type="checkbox"/> Unacceptable Risk of Significant Harm |

DETAILS OF THE PERSON MAKING THIS REPORT (The 'First Person')

Name	<input type="text" value="Enter Name."/>	Position/Role	<input type="text" value="Enter Position"/>
School/Workplace	<input type="text" value="Click or tap here to enter text."/>		
Address	<input type="text" value="Click or tap here to enter text."/>		
Suburb	<input type="text" value="Suburb."/>	State	<input type="text" value="State"/>
Postcode	<input type="text" value="Postcode"/>	Phone	<input type="text" value="Phone"/>

STUDENT AND FAMILY DETAILS

DETAILS OF THE STUDENT SUBJECT OF THIS REPORT:

Name	<input type="text" value="Click or tap here to enter text."/>		
D.O.B.	<input type="text" value="D.O.B."/>	Age	<input type="text" value="Age"/>
Gender	<input type="text" value="Gender"/>	Year Level	<input type="text" value="Year"/>
Residential address	<input type="text" value="Click or tap here to enter text."/>		
Suburb	<input type="text" value="Suburb."/>	State	<input type="text" value="State"/>
Postcode	<input type="text" value="Postcode"/>	Phone	<input type="text" value="Phone"/>
Does the student have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type/nature of disability:	<input type="text" value="Type of disability"/>
Impact of disability on interview process:	<input type="text" value="Click or tap here to enter text."/>		
Cultural Background	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other – please specify:	<input type="text" value="Other"/>	
Does the student speak English?	<input type="text" value="Please Select"/>	If no, please specify language:	<input type="text" value="Other"/>
Is an interpreter required?	<input type="text" value="Please Select"/>		

PARENT/GUARDIAN DETAILS

Parent 1

Parent/Guardian name Relationship to student

Address (if different from student)

Suburb State Postcode

Phone (Home) (Work) (Mobile)

Parent 2

Parent/Guardian's name Relationship to student

Address (if different from student)

Suburb State Postcode

Phone (Home) (Work) (Mobile)

FURTHER DETAILS ABOUT THE HOUSEHOLD (IF KNOWN)

Name	Age	Gender	Relationship to Student
<input type="text" value="Click or tap here to enter text."/>	<input type="text" value="Age"/>	<input type="text" value="Gender"/>	<input type="text" value="Click or tap here to enter text."/>
<input type="text" value="Click or tap here to enter text."/>	<input type="text" value="Age"/>	<input type="text" value="Gender"/>	<input type="text" value="Click or tap here to enter text."/>
<input type="text" value="Click or tap here to enter text."/>	<input type="text" value="Age"/>	<input type="text" value="Gender"/>	<input type="text" value="Click or tap here to enter text."/>
<input type="text" value="Click or tap here to enter text."/>	<input type="text" value="Age"/>	<input type="text" value="Gender"/>	<input type="text" value="Click or tap here to enter text."/>

ALLEGATION DETAILS

ALLEGATION MADE AGAINST (if more than one person is reported please attach on additional page)

Name Age Gender

Address

Suburb State Postcode Phone

Relationship to student subject of this report

Is the allegation against a staff member or volunteer? Yes No

Type of abuse (tick as many as apply) Sexual Abuse Physical Abuse Emotional/Psychological Abuse Neglect

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

Date of allegation/disclosure/suspicion

How and where was the allegation/disclosure made or suspicion formed? Eg disclosure, observation, information from another person

What concerns have led you to form a reasonable suspicion of abuse or significant harm? (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? Yes No Unknown

If yes please provide details and describe the injury:

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? Yes No Unknown

If yes, provide details of what treatment has or is being provided:

Click or tap here to enter text.

Are there any immediate safety concerns for the student? Yes No Unknown
If yes, provide details of the immediate safety concerns:

Click or tap here to enter text.

DETAILS OF PERSONS WHO MAY HAVE FURTHER INFORMATION AROUND ALLEGED ABUSE OR HARM *(if more than one person please attach on additional page)*

Name	<input type="text" value="Name"/>	Age	<input type="text" value="Age"/>	Gender	<input type="text" value="Gender"/>		
Address	<input type="text" value="Click or tap here to enter text."/>						
Suburb	<input type="text" value="Suburb."/>	State	<input type="text" value="State"/>	Postcode	<input type="text" value="Postcode"/>	Phone	<input type="text" value="Phone"/>
Relationship to student subject of this report	<input type="text" value="Click or tap here to enter text."/>						
Email address (if known:)	<input type="text" value="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

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.

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.

DETAILS OF THE PERSON SUBMITTING THIS REPORT

Name	<input type="text" value="Name"/>	Position/Role	<input type="text" value="Position"/>				
School/Workplace	<input type="text" value="School/Workplace"/>						
Address	<input type="text" value="Click or tap here to enter text."/>						
Suburb	<input type="text" value="Suburb."/>	State	<input type="text" value="State"/>	Postcode	<input type="text" value="Postcode"/>	Phone	<input type="text" value="Phone"/>
Email Address:	<input type="text" value="Click or tap here to enter text."/>						

REPORT SENT TO:

Queensland Police Service – where the allegation is of sexual abuse or likely sexual abuse of a student

Details:

Department of Communities, Child Safety and Disability Services 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:

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:

Date Report submitted

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 Communities, Child Safety and Disability Services as required.