

Category 1: Mandatory 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 of significant harm or risk of harm to a student

(under sections 366 & 366A of the *Education (General Provisions) Act 2006*,
section 13 E of the *Child Protection Act 1999*, and
section 10 of the *Education (Accreditation of Non-State Schools) Regulation 2001*)

PART B – Record of Action

TO BE COMPLETED *IMMEDIATELY* BY THE **RECTOR AND/OR THE CHAIR OF THE BOARD OF DIRECTORS** ON RECEIVING THE ALLEGATION FROM THE FIRST PERSON (i.e. the staff member who first receives information concerning the 'sexual abuse', 'suspected sexual abuse' or 'likely sexual abuse' of a student by another person; a reasonable suspicion of 'significant harm or risk of harm to a student' where there may not be a parent able and willing to protect the student from harm; and allegations of 'significant harm or risk of harm by a staff member or volunteer'.

PARTS A AND B THEN IMMEDIATELY SENT TO THOSE NAMED IN THE TABLE BELOW

REPORT FAXED TO:	State Authority contacted:	Name of authorised officer:	Fax Number:
<input type="checkbox"/> Queensland Police Service – Child Protection Investigation Unit	Stafford Police Child Protection Investigation Unit PH 3364 1923		Fax 3352 6125
<input type="checkbox"/> Child Safety Services Regional Intake Service (<i>where the allegation is of significant harm or risk of significant harm and there may not be a parent willing and able to protect the student</i>)	Brisbane Regional Intake Service PH 1300 682 254, 9-5pm. After Hours Child Safety PH 3235 9999		Fax 3259 8771
<input type="checkbox"/> Chairperson of the Board of Directors of Padua College (<i>where the allegation is against the Rector</i>)	Chairperson of the Board of Padua College PH 0411472275	Mark McSweeney	Request Fax or scan details

THEN:

- STORE THE COMPLETED ORIGINAL IN THE SCHOOL'S SECURE STUDENT PROTECTION FILE
- NOTIFY FIRST PERSON OF THESE ACTIONS AS SOON AS POSSIBLE

DETAILS OF PERSON COMPLETING 'PART B' (THIS FORM)			
Name		Position/Role	
School/Workplace name			
School/Workplace Address		Suburb	
Postcode		Phone	

DETAILS OF REPORT OF ABUSE OR HARM			
Date on which Part A was received		Time that Part A was received	
Immediate response by person completing Part B to allegation to ensure safety of student/s			
Date when Parts A & B sent to Police and/or Child Safety Services where applicable		Time that Parts A & B sent to Police and/or Child Safety Services where applicable	

SIGNATURE			
Of person completing Part B (this form)		Date	
E-MAIL CONTACT			
E-mail address of person completing Part B (this form)			
SIGNATURE			
Signature of first person		Date:	

