




Safeguarding and Child Protection Report Form

Document Code:	HRF047	Version	V3.2
Date Effective:	04/02/2020		
Approved By:	EXECUTIVE MANAGER PEOPLE & CULTURE		
Document	EXECUTIVE MANAGER PEOPLE & CULTURE		

Child or Young Person Name:			
Program:		Time of incident:	
Date of incident:		Where incident occurred:	
Person making Report:		Role & Relationship to Child or Young Person:	
Type of incident (tick all that apply):			
<input type="checkbox"/>	Suspicion or allegation of abuse or neglect of child/young person	<input type="checkbox"/>	Serious breach of confidentiality or code of conduct that may put a child/young person at risk
<input type="checkbox"/>	Suspicion of potential harm to a child/young person (including self-harm or suicidal ideation)	<input type="checkbox"/>	Serious breach of duty of care (e.g. supervision incident/missing child/young person, child/young locked in or out of service)
<input type="checkbox"/>	An allegation of abuse or criminal matters involving a staff member, volunteer or contractor	<input type="checkbox"/>	A complaint that alleges the well-being of a child/young person is at risk
<input type="checkbox"/>	An episode of severe challenging behaviour inconsistent with development (e.g. violence, throwing or destroying furniture, sexualised behaviour)	<input type="checkbox"/>	Child/young person unlawfully taken

Details of the child or young person affected by the incident


Full name			
Date of birth		Gender	
Any communication or medical requirements (e.g. special needs, English as a Second Language)			
Parent / guardian name			
Parent / guardian contact/s phone	(Home) (Mobile)	(Work)	
Parent / guardian address			
Any known parent / guardian communication requirement (e.g. English as a Second Language)			

Details of other persons involved

Details of person to who allegations have been made(s) details:	
Name – if known.	
Connection with the child or young person– if known	



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Any other relevant factors:

Were there any other witnesses to the incident? Yes No

If yes, please provide their details below:

Full name	
Involvement as witness	
Contact phone number	
Full name	
Involvement as witness	
Contact phone number	

Details of incident

(Please describe the incident including alleged person(s) behavior, sighted injury or other indicators of abuse, conversations with the child or young person)

Action undertaken (if any):

To ensure the safety of child or young person:	
To address the support needs of the child, young person and or family:	
To address the support needs of the person who the allegations are against:	
To address the support needs of others involved:	

Continuous Improvement & Lessons Learnt

What forms, documents or procedures helped you manage the situation? (Person making report to complete):	
What additional tools or support could better support you to manage this process? (Person making report to complete):	
What follow-up or longer-term action was taken? (Manager to complete):	



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What have you put in place to prevent similar concerns or incidents occurring again?
(Manager to complete):

Incident response

Please tick who of the following have been informed of this incident:	
Externally	Police <input type="checkbox"/> Department of Child Protection & Family Support (DCPFS) <input type="checkbox"/> Ambulance <input type="checkbox"/> Doctor <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> ECRU <input type="checkbox"/> Other (please specify) <input type="checkbox"/> _____
Internally	Manager (please specify): <i>Please note that a Manager must be informed</i>
Internally	YMCA WA Child Protection Officer notified: <input type="checkbox"/> Y Safeguarding <input type="checkbox"/>

Police

Date:		Time:	
Name of person notified:		Position:	
Department / region:		Contact detail/s:	
Police Incident or Reference Number:			
Advice provided:			

Department of Child Protection & Family Support (DCPFS)

Date:		Time:	
Name of person notified:		Position:	
Department / region:		Contact detail/s:	
Advice provided:			

Parent / guardian (where required)

Has the child or young person's parent/guardian been informed of the incident: Yes <input type="checkbox"/> No <input type="checkbox"/>	
(If appropriate) have the relevant authorities being notified: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide relevant details of conversations:	<i>E.g. (information provided, reactions, concerns and admissions)</i>



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If no, please explain why:

Please provide details of which manager/s or other personnel has been informed of the incident?

Full name:	<input type="text"/>
Position / title:	<input type="text"/>
Date and time informed:	<input type="text"/>
Full name	<input type="text"/>
Position / title:	<input type="text"/>
Date and time informed:	<input type="text"/>

Additional comments:

Acknowledgement of form completion

I have completed this form to the best of my knowledge and ability			
Name	<input type="text"/>	Position	<input type="text"/>
Signed	<input type="text"/>	Date	<input type="text"/>

Manager

I have checked that all sections of this form are complete			
Name	<input type="text"/>	Position	<input type="text"/>
Signed	<input type="text"/>	Date	<input type="text"/>

Privacy Disclaimer:

The YMCA WA acknowledges and respects the privacy of all its staff, volunteers, contractors and patrons. The information being collected is for the purposes of obtaining details of and assessing the incident in question. Information disclosed on this form may be passed on to the appropriate authorities, as required. By signing this form, you have consented to this information being collected, used and disclosed for the intended purpose. You have the right to access and alter personal information in accordance with the Commonwealth Privacy Act (amended 2001) and the YMCA WA Privacy Policy

Please email this completed form to safeguarding@ymcawa.org.au