

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

Sexual Abuse Likely Sexual Abuse Significant harm Unacceptable risk of significant harm

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

Name Position/Role

School/Workplace

Address

Suburb State Postcode Phone

STUDENT AND FAMILY DETAILS

DETAILS OF THE STUDENT SUBJECT OF THIS REPORT:

Name D.O.B. Age Year level Gender

Address

Suburb State Postcode Phone

Year Level Does the student have a disability? Yes No

Type/nature of disability

Impact of disability on interview process

Cultural Background: Aboriginal Torres Strait Islander Other Specify:

Does the student speak English? Yes No If no, specify language

Is and interpreter required? Yes No

PARENT/GUARDIAN DETAILS

Parent 1:

Parent/Guardian Name Relationship to student

Address (if different to student)

Suburb State Postcode

Phone (Home) (Work) (Mobile)

Parent 2:

Parent/Guardian Name Relationship to student

Address (if different to student)

Suburb State Postcode

Phone (Home) (Work) (Mobile)

FURTHER DETAILS ABOUT THE HOUSEHOLD (IF KNOWN)

Name	Age	Gender	Relationship to student

Add row

Delete row

ALLEGATION DETAILS

ALLEGATION MADE AGAINST:

Name Age Male Female Relationship to student

Address

Suburb State Postcode Phone

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

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

Type of **harm** (tick as many as apply) Physical harm Emotional harm Psychological harm

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)

What have you noticed about the student's appearance and/or behaviour?

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:

If yes to physical injury, did the student require medical treatment, or does the student require medical treatment?

Yes No Unknown

If yes, was/has medical treatment been provided to the student?

Yes No Unknown

If yes to treatment, provide details:

Are there any immediate safety concerns for the student?

Yes No Unknown

If yes, provide details of the immediate safety concerns:

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

Name Age Male Female Relationship to student

Address

Suburb State Postcode Phone

Email Address (if known):

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

Domestic Violence Order? Yes No Unknown

Details

Child Protection Order? Yes No Unknown

Details

Departmental Intervention? Yes No Unknown

Details

Previous Student Protection Reports? Yes No Unknown

Details

Referral to Support Service? Yes No Unknown

Details

Are there any risk factors which may be impacting negative 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:

Is the parent/caregiver aware of the concerns?

Yes No Unknown

If yes, provide details:

What other services or supports are currently in place to support the student and their family (if known)?

Any other relevant information:

DETAILS OF THE PERSON SUBMITTING THIS FORM:

Name Position/Role

School/Workplace

Address

Suburb State Postcode Phone

Email Address:

REPORT SENT TO:

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

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

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

DETAILS

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.

Print Form