

**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: \_\_\_\_\_

<b>Full name of child:</b>		<b>Gender:</b>	
<b>Date of birth:</b>		<b>Age:</b>	<b>Year Level/ Class:</b>
<b>Did the child require first aid? Provide details if yes:</b>			
<b>Who administered this?</b> (name and title)			
<b>Did the child require Further immediate medical assistance?</b>			
<b>Current location and Safety status:</b> (e.g. are all impacted children safe and not in immediate danger) <b>If in immediate danger contact Police 000</b>			
<b>Residential address of child:</b>			
<b>Name of mother:</b>		<b>Contact:</b>	
<b>Name of father:</b>		<b>Contact:</b>	
<b>Name of carer:</b> (if relevant)		<b>Contact:</b>	
<b>Language/s spoken:</b>	<b>Parents:</b>	<b>Child:</b>	

<b>Family composition</b> (if known):		<b>Any other people living with child</b> (if known):
<b>Family background: disabilities, mental or physical health issues</b>		<b>Likely reaction to a report being made</b> (if known):
<b>Child: disabilities, mental or physical health issues</b>		
<b>Child: cultural status and religious background:</b>		
<b>Child: any known previous history of abuse</b> (prior to this incident):		
<b>Prior involvement with agencies:</b>		
<b>Grounds for your belief that a child has been, or is at risk of abuse:</b>  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		

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

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

<b>Name:</b>		<b>Date of birth:</b>	<b>Gender:</b>
<b>Address:</b>		<b>Contact:</b>	
<b>Relationship to child:</b>			

**REPORTING TO AUTHORITIES (if you are reporting about suspected sexual abuse including grooming or other criminal offence you must report to both DHHS and Victoria police)**

**Tick the authorities you have reported to:**

**VICTORIA POLICE**

**DHHS CHILD PROTECTION**

**CHILD FIRST**

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**

<b>Date:</b>	<b>Time:</b>
<b>Name/s</b>	
<b>Discussion outcomes:</b>	

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

The DET Regional Office and the DET Critical Incident and Advisory Unit (Student Incident and Recovery Unit) must be called if you are reporting about suspected sexual abuse including grooming or another criminal offence.

**SECURITY SERVICES UNIT: (03) 9589 6266**

<b>Date:</b>	<b>Time:</b>
<b>Name/s</b>	
<b>Discussion outcomes:</b>	

**DET REGIONAL OFFICE:**

<b>Date:</b>	<b>Time:</b>
<b>Name/s</b>	
<b>Discussion outcomes:</b>	

**CRITICAL INCIDENT AND ADVISORY UNIT (Student Incident and Recovery Unit)**

(03) 9637 2934      (03) 9637 2487

<b>Date:</b>	<b>Time:</b>
<b>Name/s</b>	
<b>Discussion outcomes:</b>	

**EMPLOYEE CONDUCT BRANCH: (03) 9637 2595**

<b>Date:</b>	<b>Time:</b>
<b>Name/s</b>	
<b>Discussion outcomes:</b>	

**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.**

<b>HAVE YOU SOUGHT ADVICE FROM VICTORIA POLICE OR DHHS CHILD PROTECTION?</b>	
<b>YES</b>	<input type="checkbox"/>
<b>NO</b>	<input type="checkbox"/>
<b>IS IT APPROPRIATE TO CONTACT PARENT/CARER?</b>	
<b>YES</b>	<input type="checkbox"/>
<b>NO</b>	<input type="checkbox"/>

**LIST REASONS IF IT IS NOT APPROPRIATE TO CONTACT PARENT/CARER****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:**

--

<b>SUPPORT:</b>
-----------------

<b>REFERRAL/S:</b>
--------------------

**SAFETY AND WELLBEING:**

<b>CURRENT SAFETY AND WELLBEING OF THE CHILD:</b>
---

<b>IS THE CHILD SAFE FROM ABUSE AND HARM?</b>
<b>YES</b> <input type="checkbox"/>
<b>NO</b> <input type="checkbox"/> <b>If NOT consider the need to make a further report</b>

**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?**