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Hillsong Church

NOTIFICATION OF ALLEGATION OF CHILD ABUSE

This form must be submitted within 24 hours of receiving the notification

Assessment and Report

1. CHILD / YOUNG PERSON'S DETAILS

Name

Date of Birth (or age) DOB Age Child Young Person

Address

Phone H M

2. PARENTS' / CARERS' DETAILS

Name (& known Aliases)

Approximate Age

Address

Phone H M

3. CURRENT SITUATION

Description of Child / Young Person

Current Whereabouts

Why do you suspect them to be at current risk of harm? (what you've seen, heard or been told)

What were their exact words?

PLEASE TURN OVER TO COMPLETE THE FORM

Vol ID: 4Doc ID: 4.17Page: 2 of 2**4. OTHER INFORMATION**

Is language or sign interpreter required, and or is support required for a person with a disability or an Aboriginal agency is involved? Please specify

If young person (16-17 years), have they been included in the decision to report? Yes No

If no, is there good reason for this? Yes No

5. REPORTING INFORMATION**Reporter**

Name

Signed

Department Head or Nominated Reporter

Name

Signed

Date of completing this report

Report to DoCS Yes No If Yes please fill out below

Report Details

Time

Date

Contact Name

THIS FORM IS TO BE KEPT IN A **LOCKED** CABINET IN
CHURCH DEPARTMENT RECORDS.

THE DETAILS ON THIS FORM ARE **CONFIDENTIAL**.