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Hillsong SAFE

**Supporting & Protecting Children & Young People
Assessment and Report**

CHILD / YOUNG PERSON'S DETAILS

Name			
Date of Birth (or age)	DOB	Age	<input type="checkbox"/> Child <input type="checkbox"/> Young Person
Address			
Phone	H	M	

PARENTS' / CARERS' DETAILS

Name (& known Aliases)			
Approximate Age			
Address			
Phone	H	M	

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

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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

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

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