

CONFIDENTIAL

Form A

Form for the notification of suspected abuse and neglect to the DCS

Name of child REDACTED Date of birth REDACTED -91

Home Address: REDACTED

REDACTED REDACTED Home Phone No REDACTED

Name of parents or caregivers and relationship to child:-

Name REDACTED Name REDACTED

Phone No as above Phone No as above

Relationship mother Relationship father

Notification made to the Department of Community Services or to the Police Station:-

at phone notification attempted 24-7-02 3PM (place)

to 20 minutes on hold (name)

Notification date: 24-7-02 Time: 4:00 PM

Grounds for concern (including contact with the child by alleged perpetrator[s]):-

Inappropriate physical contact (sexual) by an adult. Student reported incident today, with incident occurring during a camp two weeks ago.

Do you consider the child's safety or well-being is at immediate risk? Why? (If necessary attach further information):-

The adult being accused has been removed from his contact with children

Where is the child at the time of notification? At school with parent

Other relevant information, including any known previous notifications and action, need for an interpreter (language/sign etc). (If required, please attach further information onto form):-

Accused is an employee of our school

School Principal's full name: Bill Conway

Signature: [Signature]

Name of School: Yeshiva College Primary School

Phone: 02 9388 2600 Fax: 9388 2700

RETAIN FOR SCHOOL RECORDS - RESTRICTED ACCESS TO FILE

FAXED 25/07/02