

CONFIDENTIAL

1

Notification form

Instructions for completing and sending the notification form to the Ombudsman

Completing the form

Part A of the notification form, relating to the details of the people involved, the allegation and the agency's initial response, is to be sent to the Ombudsman's office within 30 days of the head of agency becoming aware of the reportable allegation or conviction against an employee.

If the investigation has been completed within those 30 days, please also complete **Part B** of the notification form, which details the findings of the investigation. Part B of the form can also be used as the basis for the final report to the Ombudsman if the investigation takes longer than 30 days to finalise. Part B should be accompanied by copies of all documentation relevant to the investigation and decision making.

The notification form can be **photocopied** for multiple use.

Delivery instructions

To maintain a high level of confidentiality, the notification form and any other documents relating to the investigation of an allegation or conviction of reportable conduct against an employee **must only be sent to the Ombudsman either by:**

- registered mail
- hand delivery, or
- courier

Addressed to:

Attention – Child Protection Division
NSW Ombudsman
Level 24
580 George Street
Sydney NSW 2000

6/09/2155

PART A

1. Details of Agency

| | | |
|------|--|-----------------------|
| 1.1 | Name of agency: School 1 | Your case/ref number: |
| 1.2 | Type of agency: <input type="checkbox"/> Designated government agency <input checked="" type="checkbox"/> Designated non-government agency <input type="checkbox"/> Public authority (that is not a designated government agency) | |
| 1.3. | Type of service provided by your agency: <input checked="" type="checkbox"/> Education organisation <input type="checkbox"/> Health Care provider <input type="checkbox"/> Child care centre <input type="checkbox"/> Substitute residential care service (i.e. out of home care service) <input type="checkbox"/> Family Day Care <input type="checkbox"/> Detention /Corrections centre <input type="checkbox"/> Other | |

2. Head of agency details

| | | |
|--|---|--------------------------|
| 2.1 | Head of agency name: ASB | |
| 2.2 | Position title: HEADMASTER | |
| 2.3 | Agency Address (not a home address): REDACTED | |
| 2.4 | Telephone: REDACTED | E-mail address: REDACTED |
| | Signature: REDACTED | Date: 5. iii. 09 |
| If another officer of the agency is preferred as the contact for any further inquiries in relation to this notification from the Ombudsman, please also provide their details below. Unless other arrangements have been made, formal correspondence from the Ombudsman will be addressed to the nominated head of agency. | | |
| 2.5 | Contact officer name: | |
| 2.6 | Position title: | |
| 2.7 | Address: | |
| 2.8 | Telephone: | E-mail address: |
| Please identify the person in your agency who is responsible for investigating the reportable allegation(s) or who is responsible for liaison with any other agency that may be investigating the reportable allegations(s): | | |
| 2.9 | Investigating officer: NOT YET APPOINTED - SEE BELOW | |
| 2.10 | Position title: | |
| 2.11 | Address: | |
| 2.12 | Telephone: | |
| 2.13 | Email address: | |
| 2.14 | If this notification relates to any other notifications or inquiries made to the Ombudsman, please provide our reference number(s) or other details | |

3. Details of the person against whom the allegation has been made

| | | |
|-------|---|--|
| 3.1 | Does this notification contain allegations of reportable conduct against more than one employee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 3.1a | If yes, how many? <i>(Please copy this page for each employee)</i> | |
| 3.2 | Family name: | ARH |
| 3.3 | Given name: | |
| 3.4 | Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | |
| 3.5 | Date of birth: | REDACTED Place of birth: UNKNOWN (Aus) |
| 3.6 | Home address: | REDACTED |
| 3.7 | Home phone: | REDACTED |
| 3.8 | Position title at time allegation made: HEAD OF THE ENGINE DEPT | |
| 3.9 | Employee identification no. (if relevant): | |
| 3.10 | Employment status with agency at the time the allegation was made (tick all applicable): <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Part-time <input type="checkbox"/> Foster carer <input type="checkbox"/> Casual <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (state) | |
| 3.11 | Work address at the time of the alleged incident: KNOX GRAMMAR SCHOOL | |
| 3.12 | Is the employee aware that a reportable allegation has been made against them? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please complete sections 3.12a and 3.12b | |
| 3.12a | Who informed the employee: | ARH IS UNAWARE OF THE NOTIFICATION. THE POLICE HAVE ALSO BEEN NOTIFIED, AND I AM AWAITING FURTHER DIRECTION FROM THE POLICE |
| | <input type="checkbox"/> Your agency (name of person): | |
| | <input type="checkbox"/> Another agency (state which): | |
| | <input type="checkbox"/> Other (describe): | |
| | <input type="checkbox"/> Unknown | |
| | Date informed: | |
| 3.12b | Is the employee aware of: <input type="checkbox"/> Full details of the reportable allegation? <input checked="" type="checkbox"/> Type of reportable conduct or broad nature only? <input type="checkbox"/> Only that there has been a reportable allegation, not the type? | |
| 3.13 | Has support been offered/provided to the employee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 3.13a | If yes, what kind? | ARH IS AWARE THAT I HAVE RECEIVED A REPORT FROM ANOTHER STAFF MEMBER ABOUT REPORTABLE BEHAVIOUR |
| 3.13b | If no, why not? | I HAVE OFFERED HIM SUPPORT OF AN APPROPRIATE GENERAL PERSONAL KIND AS BETWEEN A HEADMASTER AND A TEACHER. HE IS NOT AWARE OF THE FORMAL NOTIFICATION HOWEVER |

4. Details of the alleged victim(s)

| | |
|-------|--|
| 4.1 | Does this notification contain allegations of reportable conduct involving more than one child or young person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 4.1a | If yes, how many? (Please copy and complete this page for each child) UNKNOWN |
| 4.2 | Family name: UNKNOWN AT THIS TIME |
| 4.3 | Given name: |
| 4.4 | Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female ALLEGATION RELATED TO MMR |
| 4.5 | Date of birth or current age: HIGH SCHOOL AGE |
| 4.6 | Age of the child at the time of the alleged reportable conduct (if different from above): |
| 4.7 | Is the child: Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown From a non-English speaking background? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| 4.8 | Does the child have a disability or disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If yes, please complete 4.8a |
| 4.8a | Type and description of disability <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/> Physical <input type="checkbox"/> Behavioural <input type="checkbox"/> Multiple <input type="checkbox"/> Other (specify) |
| 4.9 | Is parental responsibility for the child with the Minister for Community Services or the Director-General of DoCS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Shared responsibility <input type="checkbox"/> Unknown |
| 4.10 | Are the child's parents or guardian aware of the allegations? <input type="checkbox"/> Yes, parents aware <input type="checkbox"/> Yes, guardian aware <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable |
| 4.10a | If no, or not applicable, why are they not aware? I DO NOT KNOW THE IDENTITY / IER OF THE CHILDREN |
| 4.10b | If yes, who informed them? <input type="checkbox"/> Child <input type="checkbox"/> Your Agency (name of person): <input type="checkbox"/> Unknown Date informed: |
| 4.11 | Has support been offered/provided to the alleged victim? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NOT TO MY KNOWLEDGE |
| 4.11a | If yes, what kind? KNOWLEDGE |
| 4.11b | If no, why not? THE INCIDENT OCCURRED AT LEAST NINE YEARS AGO IN ANOTHER SCHOOL |

5. Details of the allegation(s)

| | |
|---|--|
| 5.1 | Does this notification concern more than one incident* of reportable conduct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *Note: Please use this page for the primary or most serious incident and copy for additional incidents. |
| 5.1a | If yes, how many? UNKNOWN |
| 5.2 | Date of alleged incident: UNKNOWN |
| 5.3 | Location of alleged incident: VARIOUS LOCATIONS |
| 5.4 | Detailed description of reportable allegation or conviction as described by the person making the allegation (or from any other source). Please attach all documentation where available: ARH [REDACTED] IS REPORTABLE CONDUCT RELATES TO APPARENT PEDOPHILIC GROOMING. HE IS ALLEGED TO HAVE AND HAS ADMITTED TO, PHOTOGRAPHING KNOW GLENVIEW SCHOOL BOYS IN THEIR SWIMWEAR |
| 5.5 | Type of reportable allegation Physical assault <input type="checkbox"/> Hitting / kicking / punching <input type="checkbox"/> Shaking/ throwing <input type="checkbox"/> Inappropriate restraint/excess force <input type="checkbox"/> Other use of force that is hostile or reckless and significant <input type="checkbox"/> Indirect – use of object/substance/threat/domestic violence# Sexual offence <input type="checkbox"/> Sexual assault <input type="checkbox"/> Indecent assault <input type="checkbox"/> Act of indecency <input type="checkbox"/> Production, dissemination or possession of child pornography <input checked="" type="checkbox"/> Grooming (defined Sect 66EB of NSW Crimes Act) Sexual misconduct <input type="checkbox"/> Grooming (defined in Ombudsman guidelines) <input type="checkbox"/> Deliberate exposure to sexual behaviour, pornography, sexual exhibitionism <input type="checkbox"/> Exploitation <input type="checkbox"/> Harassment (inappropriate words/gestures/ correspondence) Psychological harm* <input type="checkbox"/> Persistent hostility/rejection <input type="checkbox"/> Exposure to violence (including domestic violence#) <input type="checkbox"/> Scapegoating <input type="checkbox"/> Humiliation/belittling <input type="checkbox"/> Other (specify) Neglect <input type="checkbox"/> Clothing/food <input type="checkbox"/> Medical care <input type="checkbox"/> Shelter <input type="checkbox"/> Supervision <input type="checkbox"/> Environment not supportive Ill-treatment <input type="checkbox"/> Excessive discipline/punishment <input type="checkbox"/> Other excessive behaviour <input type="checkbox"/> Misconduct that may involve reportable conduct |
| * Note: There must be a claim of related harm to the child that was alleged to have been caused by the employee. # Note: Exposure to domestic violence can be categorised as either conduct causing psychological harm or a physical assault (threat of harm) to a child. Please refer to the relevant sections in the Ombudsman's guidelines for more information about definitions of reportable allegations. | |
| 5.6 | Date your agency became aware of the allegations(s): INITIALLY BY [REDACTED] AND [REDACTED] CONFIRMED BY [REDACTED] 27.2.09 |
| 5.6a | Date the head of agency became aware: DURING THE WEEK ENDING 29.2.09 |
| 5.7 | Name of person initially informed: [REDACTED] |
| 5.7a | Position title and location: Deputy Head, School 1 |

6. Interim action taken or proposed in respect of the reportable allegation(s)

| | |
|-------|---|
| 6.1 | Has DoCS been informed by your agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable If no, go to 6.3 |
| 6.1a | Date of report to DoCS: |
| 6.1b | If no, or not applicable, why not? |
| 6.2 | Is DoCS investigating this reportable allegation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please complete sections 6.2a, 6.2b and 6.2c |
| 6.2a | If yes, name of DoCS officer: |
| 6.2b | Which Community Service Centre or Joint Investigation Response Team |
| 6.2c | Contact number (if known): |
| 6.3 | Has the Police been informed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable If no, go to 6.4 |
| 6.3a | Is the police investigating this reportable allegation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If yes, please complete sections 6.3b, 6.3c and 6.3d |
| 6.3b | Name of police officer: ASC FREDIANI ; DC MERSE |
| 6.3c | Which police station or Local Area Command Hornsby |
| 6.3.d | Contact number (if known): 9476 9799 |
| 6.4 | Have prior reportable allegations been made against the employee? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If yes, please complete sections 6.4a, 6.4b and 6.4c |
| 6.4a | When was the most recent? <input type="checkbox"/> Within 2yrs <input type="checkbox"/> 2-5yrs <input type="checkbox"/> More than 5yrs ago |
| 6.4b | What was the result or finding of the investigation in regard to the prior allegation/s? <input type="checkbox"/> Not reportable conduct (exemption/misconduct) <input type="checkbox"/> Misconceived <input type="checkbox"/> False <input type="checkbox"/> Not sustained – insufficient evidence <input type="checkbox"/> Vexatious (and without substance) <input type="checkbox"/> Allegation sustained |
| 6.4c | What action was taken in regard to the prior allegations referred to above in 6.4b? <input type="checkbox"/> No action (state why) <input type="checkbox"/> Changed duties <input type="checkbox"/> Training <input type="checkbox"/> Dismissal <input type="checkbox"/> Monitoring <input type="checkbox"/> Other |
| 6.5 | Did your agency undertake an initial risk assessment after the current allegation was made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Provide a copy of the risk assessment) |
| 6.6 | What action has been taken or is proposed by the agency in respect of the employee while the current allegation is being investigated and until final decisions are made? <input checked="" type="checkbox"/> No action (state the current reason) AWAITING FURTHER DIRECTION FROM THE POLICE <input type="checkbox"/> Increased supervision (describe) <input type="checkbox"/> Restriction on current duties (specify) <input type="checkbox"/> Transferred to alternate duties (specify) <input type="checkbox"/> Suspended with pay <input type="checkbox"/> Suspended without pay <input type="checkbox"/> Not re-engaged <input type="checkbox"/> Not relevant as matter finalised |

PART B**Outcome of the Investigation**

To be completed at the conclusion of the investigation of the reportable allegation. Please attach copies of supporting final documentation and complete the following:

7. Details of Agency

| | |
|-----------------------|----------------------|
| Name of agency: | |
| Your case/ref number: | Ombudsman reference: |

8. Procedural fairness (please use one form for each allegation of reportable conduct)

| | |
|-----|---|
| 8.1 | Describe the alleged reportable conduct that you put to the employee once you collected all evidence relating to the investigation. Attach all relevant documents including records of interview with the employee, emails etc. |
| 8.2 | Was the employee invited to have a support person attend the interview with them? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8.3 | What was the employee's response to the alleged reportable conduct? |
| 8.4 | If no allegation of reportable conduct was put to the employee for response, please state your reason for this |

9. Agency Finding for the purposes of reporting to the Commission for Children and Young People

| 9.1 | Finding | Category of conduct | CCYP requirement |
|-----|---|---|---|
| | <input type="checkbox"/> Alleged reportable conduct was found to be - sustained <input type="checkbox"/> Alleged reportable conduct was found to be – not sustained, insufficient evidence | <input type="checkbox"/> Physical assault <input type="checkbox"/> Sexual offence <input type="checkbox"/> Sexual misconduct <input type="checkbox"/> Behaviour causing psychological harm <input type="checkbox"/> Neglect <input type="checkbox"/> Ill-treatment | These findings require notification to the CCYP as a relevant employment proceeding (REP) |
| | Alleged conduct was found to be: <input type="checkbox"/> Exempted due to Class or Kind agreement with the CCYP, but was: <input type="checkbox"/> Sustained <input type="checkbox"/> Not sustained <input type="checkbox"/> Misconduct was sustained but it did not involve reportable conduct# <input type="checkbox"/> False <input type="checkbox"/> Vexatious and without substance <input type="checkbox"/> Misconceived | <input type="checkbox"/> Physical assault <input type="checkbox"/> Sexual offence <input type="checkbox"/> Sexual misconduct <input type="checkbox"/> Behaviour causing psychological harm <input type="checkbox"/> Neglect <input type="checkbox"/> Ill-treatment | These findings are not reportable to the CCYP as REPs |
| 9.2 | State the reason(s) for your finding(s): | | |
| 9.3 | Was the matter sent to the CCYP? <input type="checkbox"/> Yes* <input type="checkbox"/> No What category was the matter reported as? <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 | | |
| 9.4 | State your reasons for the CCYP category: | | |
| 9.5 | Date sent to CCYP: * Note: Please attach a copy of the CCYP notification form | | |

Includes trivial or negligible use of force, the behaviour was reasonable for the circumstances, or the behaviour was accidental.

10. Final action taken at the end of the agency investigation

| | | | | | |
|---------------------------|--|-----------|------------|---------------------------|-----|
| 10.1 | Describe the action taken by your agency (including risk assessment and management) at the conclusion of the investigation in respect of the employee who was the subject of the reportable allegation: | | | | |
| 10.2 | What other issues arose during the investigation that your agency considers relevant? | | | | |
| 10.3 | What other action has been taken or is proposed by your agency as a result of the investigation? (eg training, changes to policies). | | | | |
| 10.4 | Date investigation completed: | | | | |
| 10.5 | Date notification completed: | | | | |
| 10.6 | Name, title and signature of person completing notification to Ombudsman: | | | | |
| | <table border="1"> <tr> <td data-bbox="325 1472 863 1547">Name: ASB</td> <td data-bbox="863 1472 1449 1547">Signature:</td> </tr> <tr> <td data-bbox="325 1547 863 1648">Title: <i>HEAD MASTER</i></td> <td data-bbox="863 1547 1449 1648">ASB</td> </tr> </table> | Name: ASB | Signature: | Title: <i>HEAD MASTER</i> | ASB |
| Name: ASB | Signature: | | | | |
| Title: <i>HEAD MASTER</i> | ASB | | | | |