

FORMS TO BE USED

This section contains forms to be used by teachers, principals, Student Protection Officers or others when reporting incidents of or suspected occurrence of abuse or neglect of students.

**REPORTING PROFORMA – “HARM” TO STUDENTS IN
CATHOLIC SCHOOLS OF THE DIOCESE OF TOOWOOMBA**

STRICTLY CONFIDENTIAL

MANDATORY FORM

PART A (TO BE COMPLETED IMMEDIATELY BY “FIRST PERSON” i.e. the staff member who first receives information concerning “harm” or “suspected harm” to a Student)

Allegation/Concern Reported by:	*Name: _____ Contact No: _____ School/Other: _____ Position: _____ Date: _____ Time: _____
Allegation/Concern Against: <input type="radio"/> Staff Member <input type="radio"/> Other	Name: _____ Contact No: _____ School/Other: _____ Position: _____
Allegation/Disclosure Made by: Where disclosure was made: _____ Who was present: _____	Name: _____ Address: _____ _____ Contact No: _____ Relationship: _____ Date: _____ Time: _____
Allegation Concerning (student): Parent/Guardian Name: _____ Contact No: _____	*Name: _____ Address: _____ _____ *Sex: M__ F__ Yr. Level: _____ Age: _____ DOB: _____

School: _____ Phone No: _____

Allegation: _____ Time: _____ Date: _____

*Brief details about awareness of or suspicion of harm:

In cases of suspected sexual abuse by an employee you will be required to include in the above details the identity of anyone else who may have information about the harm.

*Details of abuse or suspected abuse: _____

Signature: _____ Date: _____

**NOTE: It is obligatory to complete all items marked with an asterisk*

PART B (TO BE COMPLETED AND ACTIONED IMMEDIATELY BY THE PRINCIPAL)

___ Referred to: Principal and/or School Child Protection Contact Date: _____

___ Referred to: Senior Education Officer, Catholic Education Office
(Toowoomba) Date: _____

Action taken: _____ Date: _____

Who took action: _____ Position: _____

Type of Action taken:

- | | |
|--|---|
| ___ Advice given | ___ Director advised |
| ___ Counselling offered | ___ Head Staff & School Development advised |
| ___ Referral to Dept of Child Safety | ___ Director Prof. Standards advised |
| ___ Referral to Police | ___ Industrial Officer advised |
| ___ Referral to outside agency | ___ Referral to Towards Healing |
| ___ Person reporting advised of action taken | |

Other comments (if applicable): _____

Name: _____ Position: _____

Signature: _____ Date: _____

- RETAIN ORIGINAL IN SECURE FILE; AND
- SEND A COPY TO SENIOR EDUCATION OFFICER