

**Student Protection RISK REGISTER AND TREATMENT PLAN:**

Description (Risk of harm to children/ young people by source)	Consequences	Likelihood	Adequacy of current controls	Risk Treatment Priority order	Treatment Action (After assessment of options and cost/benefit analysis)	Further Action Required	Responsible Officer
<b>Corporate Governance - operational</b>							
					•		
					•		
<b>Staff</b>							
Teaching					•		
Non-teaching					•		
Volunteers					•		
<b>Other People</b>							
					•		
					•		
<b>Electronic Information systems</b>							
					•		
<b>Financial/Economic</b>							
					•		
<b>Political</b>							
					•		
<b>Records Management</b>							
					•		
					•		
<b>External events/criminal/property/assets</b>							
					•		
<b>Image/reputation/stakeholder management</b>							
					•		

## Register of Concern Form

Concern Raised by:	
Position:	
NATURE OF CONCERN	
Details of Youth Identified	
Advice Received from	
Outcome to date	
Action Taken by	
Other Information	

Calculating the level of risk:

1. Evaluate the **likelihood** of a risk occurring, according to the ratings in the left hand column.
2. Evaluate the **consequences** if the incident occurred, according to the ratings in the top row.
3. Calculate the **level of risk** by finding the intersection between the likelihood and the consequences.

### Consequences

<i>Likelihood</i>	<b>Insignificant</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Catastrophic</b>
<i>Almost certain</i>	High	High	Extreme	Extreme	Extreme
<i>Likely</i>	Moderate	High	High	Extreme	Extreme
<i>Possible</i>	Low	Moderate	High	Extreme	Extreme
<i>Unlikely</i>	Low	Low	Moderate	High	Extreme
<i>Rare</i>	Low	Low	Moderate	High	High

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ School: \_\_\_\_\_

# CONCERN FORM

SCHOOL NAME .....

PHONE/FAX .....

CONCERN RAISED BY .....

POSITION .....

NATURE OF CONCERN .....

.....

.....

DETAILS OF YOUTH IDENTIFIED .....

.....

ADVICE RECEIVED FROM .....

OUTCOME TO DATE .....

.....

ACTION TAKEN BY .....

OTHER INFORMATION .....

.....

.....

SIGNATURE .....DATE.....



## 3.1.4 A SAMPLE INCIDENT REPORT FORM

<b>Name of organisation</b>	
<b>Date of report</b>	
<b>Time report written</b>	
<b>Name/s of the person or people involved in the incident:</b>	
<b>Description of the incident</b>	
<b>Date incident occurred</b>	
<b>Time incident occurred</b>	
<b>Location where incident occurred</b>	
<b>Nature of the incident</b>	
<b>Summary of events</b>	
<b>Immediate action taken:</b>	
<b>If no action taken – reason:</b>	
<b>Name of person completing form:</b>	
<b>Contact telephone number:</b>	
<b>Signature:</b>	
<b>Date:</b>	
<b>Name of person report submitted to:</b>	

