



Family & Community Services
Community Services

Contact Record

Report Generated By: Rachel Wiles From Business Unit: JIRT Referral Unit

This information is accurate only as at [REDACTED] 12:40

Record Details

Type:	Contact	Description:	[REDACTED]
Start Date:	[REDACTED]	End Date:	[REDACTED]
Outcome:	ROSH - referral to JRU	Record Status:	Complete
Outcome Description:	[REDACTED]	Contact Method:	Telephone
Ref No.:	[REDACTED]		
Contact Type-Role:	Police Personnel		
Secured:	<input type="checkbox"/>		

Plan Details

Plan Name:	[REDACTED]	Plan No.:	[REDACTED]
Start Date:	[REDACTED]	Plan Goal:	Assessment
Allocated Worker:	Transferred To JIRT	Business Unit:	JIRT Referral Unit
Approving Manager:	[REDACTED]	Approval Status:	Approved
Approval Date:	[REDACTED]		

Parties - Subjects of Record

Person Number	Alert	Family Name	First Name	Sex	Start Date	End Date
[REDACTED]	<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Parties - Persons of Record

Person Number	Alert	Role	Family Name	First Name	Sex	Start Date	End Date
[REDACTED]	<input type="checkbox"/>		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	<input type="checkbox"/>	Person Of Interest (POI)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

DoCS Worker

Primary	Family Name	First Name	User ID	Position Type	Business Unit	Start Date
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	Helpline Caseworker	DoCS Helpline	[REDACTED]

SCRPT

Approval Status	Approved By	Approved Date	Rescreened
Approved	[REDACTED]	[REDACTED]	<input type="checkbox"/>



Contact Record

Contact Details

Reference Number:	[REDACTED]	Contact Method:	Telephone
Contact Priority:	[REDACTED]	Contact Role:	Police Personnel
Contact Type:	Police, NSW	Contact Region:	[REDACTED]
Call Back Phone:	[REDACTED]	Communication Needs:	not required
Mandatory Reporter:	<input type="checkbox"/>	Primary Reported Issue:	Sexual Penetration
Primary Contact Issue:	Harm or Risk Issues	Other Reported Issue:	[REDACTED]
Primary Contact Reason:	Reporting Concern About C/YP	Other Reported Issue:	[REDACTED]
Reason for Response Priority Override:	Discretionary Override	Is there a child under 9 (Including unborn)?:	<input type="checkbox"/>
Final Required Response Priority:	less than 72 hrs	Other Contact Reasons:	[REDACTED]
SCRPT Outcome:	ROSH	Response Priority:	less than 24 hrs
SCRPT Screening Override Applicable:	<input type="checkbox"/>		

Reasons for Screening Override: [REDACTED]

SCRPT Rationale: This matter screens as ROSH [REDACTED]

[REDACTED]

Discretionary override to <72 was supported by [REDACTED]

[REDACTED]

Has the reporter provided consent to share their identifying information to NSW Police and NSW Health?:

Has the Mandatory Reporter consulted and were subsequently referred to the Helpline via their CWU?:

Has the Mandatory Reporter completed the MRG?: No

Select Applicable Vulnerabilities: [REDACTED]

Narrative: This report is for [REDACTED]

[REDACTED]

Before we go on, can you tell me the suburb in which the family you are reporting lives?

CALLER
 Organisation/position: [REDACTED]
 Callers Reference Number [REDACTED]

Relation to child/yp:
 Address:
 Phone:
 Fax/email



Contact Record

HOUSEHOLD CHILD/YOUNG PERSON (1)

Name: [REDACTED]
Age/DOB: [REDACTED]
Address: [REDACTED]
Phone:
School or Child Care Details:

HOUSEHOLD ADULTS - [REDACTED]

Name [REDACTED]
Age/DOB: [REDACTED]
Address: aa
Phone: [REDACTED]
Relation to child/yp: [REDACTED]

Name: [REDACTED]
Age/DOB: [REDACTED]
Address [REDACTED]
Phone:
School or Child Care Details:

HOUSEHOLD ADULTS - [REDACTED]

Name: [REDACTED]
Age/DOB [REDACTED]
Address: aa
Phone: [REDACTED]
Relation to child/yp: [REDACTED]

Other child/POI

[REDACTED]
Add: [REDACTED]
[REDACTED]

CULTURAL INFORMATION: Do all the children and adults you have named have the same cultural identity? Details: no

LANGUAGE BARRIERS: Do any of the children and adults you have named have any language barriers? Details: no

DISABILITIES: Do any of the children and adults you have named have any disabilities? Details: no



Contact Record

CSO BRIEF DETAILS:

REPORTED INFORMATION:



Contact Record

	OTHER RELEVANT INFORMATION/ PHONE CALLS:

KIDS History Check: