



NSW WORKING WITH CHILDREN CHECK

RELEVANT EMPLOYMENT PROCEEDINGS NOTIFICATION AND SUMMARY

Employer Details:

Name: The Disability Trust
 ID: 13175

Address:

Address Line 1: 100-102 Jardine Street
 Address Line 2: Address Line 2
 Suburb/Town: Fairy State: NSW Postcode: 2519
 Meadow
 Country: Australia

Contact:

Phone: 0242558000 Fax: 0242558088

Contact Person:

Name: Christy Lewin Position: OOHC Manager
 Email: REDACTED

Date of completion of relevant employment proceedings: 23/05/2013
 Is the individual below currently an employee?: No

Employee Details:

Name:

Family name: Comber
 First name: Royce Other given name(s): Colin

Date of birth: 14/October/1988 Gender: M

Place of birth:

Suburb/Town: Nowra State: NSW
 Country: Australia

Position: Casual - After school & vacation care

Was the person related to any victim(s)? Yes

Was the person a stranger to any victim(s)? No

Victims:

Information on the Victim:

Age at time of incident(s): 15

Gender: M

Did you conduct an investigation?: Yes

Did the child require any service directly as a result of the incident (s)? No

Information on the Episode:

Date of incident: 01/01/2012

Provide date this matter was first reported to employer?: Yes

Date this matter was first reported to employer: 21/03/2012

Did the child require any service directly as a result of the incident No

(s)?:

What was the nature of the episode(s)?: A parent of an after school & vacation care client made a complaint regarding allegations of inappropriate sexual conduct against their child by a staff member at The Disability Trust's After school care program Nowra. The parent informed The Disability Trust that the staff member had inappropriately touched a client on the penis whilst in the toilets in our program centre. No specific date was given. The information was passed on to the Police and JIRT for formal investigation. The investigation occurred and found that there was insufficient evidence to proceed criminally. In interview with The Disability Trust conducted its own investigation and The Disability Trust concluded that the allegation was not sustained - insufficient evidence.

Place(s) where the episode(s) occurred: After school & Vacation Care - Nowra

Were any of the places a public place or institution?: No

Information on the Investigation:

Persons interviewed

Person: CIF

Position Title: Parent

Interview Date: 29/06/2012

Outcome of the Investigation:

Were the allegations sustained?

Allegations Sustained: No - complete the next question: Did you find some evidence that the conduct occurred?

Added information for the Commission to review to Category 1: ~~You may add information here if you think the Commission should review the notification to Category 1~~

The allegations were not sustained due to insufficient evidence. However as we can not manage that risk in our programs that Royce was working in, we have decided that we will not be offering Royce any further work at The Disability Trust. We wish to have this noted as a category 2 notification

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Type of Conduct for Notification:

- Sexual offence/assault
 Sexual misconduct
 Physical assault
 Neglect of a child
 Psychological harm to a child
 Child pornography offence or misconduct
 Act of violence in presence of a child

Are you required to report your findings to the NSW Ombudsman?: Yes _____

Certification:

I certify that Royce Comber has been the subject of relevant employment proceedings and that I have the authority to submit these details to the NSW Commission for Children and Young People for background checking purposes under the Commission for Children and Young People Act 1998. I have advised the employee of this notification using the Relevant Employment Proceedings Employee Advisory Letter.

My Details:

My name: Christy Lewin

My position: OOHC Manager

Signature: 

Date: 23/5/13

What should I do next?

Once you have completed your details, you will need to sign the printed form and provide the signed form to the NSW Commission for Children and Young People. You may also wish to retain a copy for your records.

NOTE: Send this form to the Commission for Children and Young People. Do not give the completed form to any other person or organisation.

.Commission for Children and Young People
 FAX - 9286 7201, EMAIL - check@kids.nsw.gov.au