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**CONFIDENTIAL**

***Child Welfare Act 2009* (NI)**

***Education (General Provisions) Act 2006* (Qld)**

**Child Protection Report Form for employees and visitors to Norfolk Island Central School**

This form should be used in conjunction with the [Norfolk Island Central School (NICS) student protection procedure](https://ppr.qed.qld.gov.au/pp/norfolk-island-central-school-student-protection-procedure).

This form collects information about suspected harm, or risk of harm to students, children and young people for the purpose of protecting them from further harm. Information provided on this form will be stored confidentially.

**Please print clearly and complete ALL SECTIONS using blue or black pen, or fill in each section electronically (click on the relevant box to tick).**

**NOTIFIER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date of report:** |  |
| **Position title:** |  |
| **Tel:**  |  | **Mobile:** |  | **Email:** |  |

**STUDENT/ CHILD / YOUNG PERSON INFORMATION**

|  |  |
| --- | --- |
| **Name of student/ child/ young person:***(if name not known provide a description):* |  |
| **DOB:**  |  |  | **Age*:*** |  | yrs |  | mths |
| **Gender:** |[ ]  Female |[ ]  Male |[ ]  Other/unknown |
| **Is the child or young person a student at NICS?** |[ ]  Yes |[ ]  No |
| **Currently residing at:** |  |

**FAMILY INFORMATION**

**Parents/Carers Names:**

|  |  |
| --- | --- |
|[ ]  Mother:  |  |
|[ ]  Father: |  |
|[ ]  Carer/Other: |  |

**Parents/Carers Contact:**

|  |  |
| --- | --- |
|[ ]  Primary parent: |  |
|  | Address: |  |
|  | Phone/Email: |  |
|[ ]  Other parent: |  |
|  | Address: |  |
|  | Phone/Email: |  |
|[ ]  Other: |  |
|  | Address: |  |
|  | Phone/Email: |  |

***NI-Connect to complete***:

|  |  |
| --- | --- |
| Date received: |  |
| Case No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Have previous reports been received by NI-Connect for this child/young person?*** | Yes[ ]  | No[ ]  | Unknown[ ]  |

**Please proceed to the next section**

**THE REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
|  1  | This report is about: | [ ]  A child (*A* ***child*** *is a person who is under 12 years of age*) | [ ]  A young person *(A* ***young person*** *is a person 12 years old or older but not yet 18 years of age)* |

|  |  |
| --- | --- |
| 2a | What are you reporting?  |
| [ ]  Sexual abuse or likely sexual abuse | [ ]  Non-accidental physical abuse |
| [ ]  Emotional abuse | [ ]  Neglect |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2b | Do you consider that intervention/action by NI-Connect or a police officer is required **urgently**? | Yes[x]  | No[ ]  | Not known[ ]  |

|  |  |
| --- | --- |
| 2c | ***Please state brief circumstances of your suspicion or belief:*** |
|  |

**REPORTS OF NON-ACCIDENTAL PHYSICAL ABUSE**

|  |  |  |  |
| --- | --- | --- | --- |
| 3a | Has the child/young person stated that the injury was not accidental? | Yes[ ]  | No[ ]  |
| 3b | ***If yes, please state brief circumstances*** |
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|  |  |  |  |
| --- | --- | --- | --- |
| 3c | Has the child/young person stated who caused the injury? | Yes[ ]  | No[ ]  |
| 3d | ***If yes, please state brief circumstances*** |
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|  |  |  |  |
| --- | --- | --- | --- |
| 4 | Has another person reported this abuse to you, to furnish this report?  | Yes[ ]  | No[ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| 5 | Does this person wish to remain anonymous?  | Yes[ ]  | No[ ]  |
| 5a | ***If no, please state following details*** |
| Name of person: |  |
| Address: |  |
| Contact details: |
| Tel:  |  | Mobile: |  | Email: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6 | Are there any physical injuries? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 6a | Are they significant? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 6b | ***If yes, please provide brief details***  |
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| --- | --- | --- | --- | --- |
| 7 | Are there other indicators showing the child/young person has suffered as a result of the non-accidental physical abuse? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 7a | ***If yes, please provide brief details*** |
|  |

**DOMESTIC AND FAMILY VIOLENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8 | Is the child/young person exposed to domestic or family violence?  | Yes[ ]  | No[ ]  | Not known[ ]  |
| 8a | ***If yes, please state brief details and/or circumstances*** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9 | Is there/has there been physical injury to the child/young person? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 9a | ***If yes, please state brief details and/or circumstances*** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10 | Is there/has there been a serious threat of harm to the child/young person? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 10a | ***If yes, please state brief details and/or circumstances*** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11 | Is there/has there been the use of weapons and/or attempts to strangle/suffocate/kill? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 11a | ***If yes, please state brief details and/or circumstances*** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12 | Have impacts been observed in the child/young person? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 12a | ***If yes, please state brief details and/or circumstances*** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 13 | Is there a domestic violence order (or other court order) in effect in respect of an offender/s or alleged offender/s? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 13a | ***If yes, please state brief details and/or circumstances*** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 14 | Are you aware of recent /imminent divorce or separation?  | Yes[ ]  | No[ ]  | Not known[ ]  |
| 14a | ***If yes, please state brief details and/or circumstances*** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 15 | Are there issues pertaining to child custody/child custody dispute?  | Yes[ ]  | No[ ]  | Not known[ ]  |
| 15a | ***If yes, please state brief details and/or circumstances*** |
|  |

**SEXUAL ABUSE OR LIKELY SEXUAL ABUSE**

|  |  |  |  |
| --- | --- | --- | --- |
| 16 | Has another person reported this abuse to you, to furnish this report?  | Yes[ ]  | No[ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| 17 | Does this person wish to remain anonymous?  | Yes[ ]  | No[ ]  |
| 17a | ***If no, please state following details*** |
| Name of person: |  |
| Address: |  |
| Tel:  |  | Mobile: |   | Email: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 18 | Has the child/young person made a clear, unambiguous statement of sexual abuse or likely sexual abuse? | Yes[ ]  | No[ ]  | Not known[x]  |
| 18a | ***If yes, please state brief details and/or circumstances*** |
|  |
| 19 | Is the child/young person pregnant? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 19a | ***If yes, please state brief details and/or circumstances*** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 20 | Has the child/young person made an indirect statement of sexual abuse or likely sexual abuse? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 20a | ***If yes, please state brief details and/or circumstances*** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 21 | Does the child/young person display behaviour that causes you to have concerns? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 21a | ***If yes, please state brief details and/or circumstances*** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 22 | Are you aware of the child/young person having significant contact with a known sexual offender? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 22a | ***If yes, please state brief details and/or circumstances*** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 23 | Is the child/young person displaying behaviour that is consistent with sexual abuse or likely sexual abuse? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 23a | ***If yes, please state brief details and/or circumstances*** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 24 | Are you aware that the child/young person has been exposed to sexually explicit material or acts including pornography and communication of sexual matters? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 24a | ***If yes, please state brief details and/or circumstances*** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 25 | Are you concerned that the child/young person has been exposed to grooming behaviour? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 25a | ***If yes, please state brief details and/or circumstances*** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 26 | Does the child/young person express fear, discomfort or exhibit symptoms of significant harm? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 26a | ***If yes, please state brief details and/or circumstances*** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 27 | Are you concerned that the child/young person is engaged in prostitution or pornography? | Yes[ ]  | No[ ]  | Not known[ ]  |
| 27a | ***If yes, please state brief details and/or circumstances*** |
|  |

**REPORTS OF EMOTIONAL ABUSE OR NEGLECT**

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| --- |
| ***Please state brief details and/or circumstances of your suspicion of emotional abuse or neglect:*** |

**Instructions (for full details refer to the** [**NICS student protection procedure**](https://ppr.qed.qld.gov.au/pp/norfolk-island-central-school-student-protection-procedure)**):**

Employees and visitors will provide the completed form to the principal, NICS, without unreasonable delay.

The principal, NICS, will provide the original hard copy form to NI-Connect without unreasonable delay.

In addition, where the report relates to sexual abuse or likely sexual abuse, the principal, NICS will provide a hard copy of the form to Norfolk Island Police Force without unreasonable delay.