

Sisters of Saint Joseph of the Sacred Heart Child Safety Reporting Form

If you believe a child is at immediate risk of abuse phone 000.

Send completed form to childsafeguarding@sosj.org.au.

- If person making report is a Workplace Participant, form must be sent to local Regional Leader if located within the Region.
- Workplace Participants at the Congregational Administration Centre must send report to the Interim Chief Operations Officer / General Manager.
- Report must be made to relevant state-based statutory child protection service (see contact details page 4).

All incident reports must be stored confidentially and securely.

Details of the child		
Name:		
Date of birth (if known):		
Address (if known):		
Child's contact number (if known and age appropriate):		
Resides with (if known):		
Details of the child's parents		
Name:		
Address (if known):		
Contact number (if known):		
Details of person filling in this form		
Name:		
Contact Details:		
Role	Indicate selection via X	
	□ Child	
	□ Workplace Participant	
	□ Parent / carer / guardian	
	☐ Concerned member of the community	
	□ Anonymous	
Alleged incident details		
Date of alleged incident:		
Time of alleged incident:		
Location of alleged incident:		
Date Identified (if different from date of incident)		



Please describe the alleged incident

Overview:	
What do you understand to have occurred? Please provide as much detail as possible.	
If a child has made a disclosure, please include the words the child used to disclose the alleged incident.	
Who is the child allegedly at risk from? Identifying details if possible, including name and relationship to child and frequency of contact.	
Where did the alleged incident occur?	
Witnesses to the alleged incident?	
Other information:	



Please categorise the incident

	Make Selection Co	omments		
Physical violence				
Sexual offence		_		
Sexual misconduct				
Serious emotional or psychological abuse				
Serious neglect				
Grooming		_		
Breach of SOSJ's Child Safeguarding Code of Conduct				
Reportable Conduct		_		
Proposed corrective		nitigation p	olan	
Action	Responsible Person	Date (Completion)	Status	
		+		
Does the child idea	ntify as Aborigiı	nal or Torr	es Strait Islander?	
(Mark with an 'X' as applicable)				
No	Yes, Aboriginal	Yes, Torres	Strait Islander	
Is the child from a culturally or linguistically diverse background?				
(Mark with an 'X' as applicable)				
No Ye	es, please provide details	s:		
Does the child have	e a disability?			
A disability can be any physical, sensory, neurological disability, acquired brain injury, intellectual disability, or developmental delay that affects a child's ability to undertake everyday activities.				
(Mark with an 'X' as applicable).				
No Ye	es, please provide details	s:		



Office use only

Date incident report received:		
Person managing incident:		
Incident ref. number:		
Has the incident been reported?	Date Notified	Comments
Child protection		
Police (Event number if known)		
Another third party (please specify):		

State Contact

Otato	Oontaot	
Australian Capital Territory	CYPS on 1300 556 729 or 1300 556 728 if you are a mandatory reporter	
New South Wales	Child Protection Helpline on 132 111	
Northern Territory	Department on 1800 700 250	
Queensland		
Brisbane	1300 682 254	
Central Queensland	1300 703 762	
Far North Queensland	1300 684 062	
Ipswich	1800 316 855	
North Coast	1300 703 921	
North Queensland	1300 706 147	
South East	1300 679 849	
South West (Darling Downs)	1300 683 390	
After hours	1800 177 135	
South Australia	Child Abuse Report Line (CARL) on 13 14 78	
Tasmania	Department's Advice and Referral Line on 1800 000 123	
Victoria		
North Division intake	1300 664 977	
South Division intake	1300 655 795	
East Division intake	1300 360 391	
West Division intake - metropolitan	1300 664 977	
West Division intake - rural and regional	1800 075 599	
For after hours	call 13 12 78. Ask for Child Protection	
Western Australia	Department on 1800 273 889 or lodge an online written report through the Mandatory Reporting Information System (MRWeb)	