



Private and Confidential

Child Protection Reporting Form

Date:
School: My Independent School
School Phone: 5494 2352
School Fax:

DETAILS OF STUDENT/CHILD HARMED OR AT RISK OF HARM/ABUSE:	
Legal Name:	Preferred Name:
DOB:	Sex/Sex Descriptor:
Year Level:	Cultural Background:
Primary Language Spoken: English	
Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/>	
Does the student have a disability verified under EAP: Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability Category: ASD Level
Student's Residential Address:	Phone:
	Student's Personal Mobile:

FAMILY DETAILS	
Parent/caregiver 1:	Relationship to Student:
Address (if different from student):	
Phone: (H):	(W): (M):
Parent/caregiver 2:	Relationship to Student:
Address (if different from student): As Above	
Phone: (H):	(W): (M):
Is the student in out of home care? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any Family Court or Domestic Violence Orders in place? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	

PERSON ALLEGED TO HAVE CAUSED THE HARM OR ABUSE		
<input type="checkbox"/> Adult family member	<input type="checkbox"/> Child family member	<input type="checkbox"/> Other adult
<input type="checkbox"/> Student/other child	<input type="checkbox"/> Unknown	

PROVIDE ALL INFORMATION YOU HAVE WHICH LED TO THE SUSPICION OF HARM OR ABUSE (Attach extra pages if necessary).	
Details of any harm and/or sexual abuse to the student – please include: Time and date of the incident; location of the incident, source of information; details of person alleged to have caused the harm or sexual abuse; physical appearance of any injury; immediate and ongoing safety concerns; any disclosures made by student; any previous incidents of harm; behavioural indicators of harm; presence of any medical needs or developmental delays; and if the information relates to an unborn child, the alleged risk to the unborn child.	
Please indicate the identity of anyone else who may have information about the harm or abuse	
Additional information provided as an attachment YES <input type="checkbox"/> NO <input type="checkbox"/>	

Name of staff member making report if not the Principal:			
Position:	Signature:	Date:	
Principal:	Signature:	Date:	
Principal's email address:			
Response requested by school:			

ACTION TAKEN		
Form was faxed or emailed to (please tick which agencies the form was sent to):	<input type="checkbox"/>	Queensland Police Services (QPS)
	<input type="checkbox"/>	Department of Communities (Child Safety Services)
	<input type="checkbox"/>	Family and Child Connect

(Adapted from EQ SP-4 Report of Suspected Harm or Risk of Harm)

Confirm receipt of faxed or emailed form and ensure original is stored in a secure location along with any other documentation collected for the purpose of this report.