

Child Protection Mandatory Reporting Form

Child Protection Mandatory Reporting Form

Private & Confidential Report of Suspected Harm or Sexual Abuse

Date:
School:
School Phone:
School Email:
School Address:

DETAILS OF STUDENT/CHILD HARMED OR AT RISK OF HARM/ABUSE:	
Legal Name:	Preferred Name:
DOB/Age:	Sex/Sex Descriptor:
Year Level:	Cultural Background:
Primary language spoken:	
Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/>	
Does the student have a disability as per NCCD: Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability Category:
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):	
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 and particulars of anyone else who may have information about the harm or abuse

Additional information provided as an attachment YES ☐ NO ☐

Name of staff member making report if not the Principal:		
Position:	Signature:	Date:
Principal:	Signature:	Date:
Principal's email address: principal@menofbusiness.com.au		
Response requested by school:		

ACTION TAKEN		
Form was given to (please tick which agencies the form was given to and add details below):	<input type="checkbox"/>	Queensland Police Services (QPS)
	<input type="checkbox"/>	Department of Families, Seniors, Disability Services and Child Safety
	<input type="checkbox"/>	Family and Child Connect
	<input type="checkbox"/>	Executive Manager (representative of the Men of Business Academy Board of Directors)

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

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