

## 

## Form 3 - Child concern referral

If you require assistance completing this form, contact the Director of Safeguarding on 08 9921 3221. If you have concerns for the immediate safety or wellbeing of this child/ren, please contact the Police on 000; Child Protection Office 9964 9500 or the Crisis Care Unit on 08 9223 1111 / Country Freecall 1800 199 008 to discuss your concerns. **Please attach any additional information.**

**1. Date, time, method of disclosure / concern**

|  |  |
| --- | --- |
| Date of Disclosure |  |
| Time of Disclosure |  |
| How was information received?  Telephone; Letter; Email; In person |  |

**2. Details of person making the disclosure / concern**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone number / s |  |
| Email |  |
| Relationship to child or alleged victim |  |

**3. Details of child or alleged victim**

|  |  |
| --- | --- |
| Name |  |
| DOB |  |
| Address |  |
| Phone number / s |  |
| Language |  |
| Interpreter required (Y/N) |  |
| Disability |  |
| Special needs (Y N) |  |
| Parish |  |

**4. Parent/Carer details (where appropriate)**

|  |  |
| --- | --- |
| Name |  |
| Phone number/s |  |
| Address |  |
| Is he / she aware of the allegation, suspicion or complaint? (Y/N) |  |

**5. Details of alleged perpetrator**

|  |  |
| --- | --- |
| Name |  |
| Phone number/s |  |
| Address |  |
| Relationship to child / victim |  |
| Position in Church (if applicable) |  |
| Current contact with children, if known (eg member of Board of Management of school, youth activities etc) |  |
| Additional information | |

**6. Details of concern, allegation or complaint.**

Include dates/times and location of incident(s) and witnesses, if known.

|  |  |
| --- | --- |
|  | |
| Does the child/victim know this referral is being made? (Y/N) |  |

**7. Action taken - civil authorities (WA Police / Department for Child Protection)**

|  |  |
| --- | --- |
| Has the matter been referred to the civil authorities? (Y/N) |  |
| If yes, date & time |  |
| If no, explain why not |  |
| To whom was it referred?  Organisation name |  |
| Contact person |  |
| Designated position |  |
| Address |  |
| Phone number / s |  |
| Email |  |

**8. Action taken - Church**

|  |  |
| --- | --- |
| Has the matter been referred to a member of the Church? (Y/N) |  |
| If yes, date & time |  |
| If no, explain why not |  |
| To whom was it referred?  Contact person |  |
| Designated position |  |
| Address |  |
| Phone number / s |  |
| Email |  |

**9. Next steps**

|  |
| --- |
| What action was agreed to, and by whom, when the matter was referred on to the Director Safeguarding Program or civil authority? |
|  |
| Are there any immediate child protection concerns? If so, please record what they are and state what action has been taken and by whom to address them. |
|  |

**Details of person completing this form, if different from the person making the disclosure**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone number / s |  |
| Email |  |
| Relationship to child or victim |  |

Form completed

|  |  |
| --- | --- |
| Date | Time |
| Print name | Signed |

**PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO:**

**Diocesan Director of Safeguarding**

**T:** 08 9721 0524 **F**: 08 9721 0588 **E**: safeguarding@Geraldtoncatholic.org.au

**A:** Catholic Diocese of Geraldton . PO Box 2005. WA 6231