

# St John's Anglican Church, Benteleigh

## RISK OF SIGNIFICANT HARM FORM

This information is to be kept strictly confidential and not to be used for any other reason except for the purpose of reporting the Risk of Significant Harm.

Appropriate record keeping procedures are to be observed when filing this report.

***The provision of information to the Statutory Authorities for the protection of a child or young person is not a breach of confidentiality.***

Date of Disclosure: \_\_\_\_\_ Time of Disclosure: \_\_\_\_\_

### Your Details

Full Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Role/title: \_\_\_\_\_

### Child or Young Person Details

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: (if known) \_\_\_\_\_

Contact Number: \_\_\_\_\_

### Parent/Carer/Guardian Details

Full Name: \_\_\_\_\_

Address: (if known) \_\_\_\_\_  
\_\_\_\_\_

Contact Number: \_\_\_\_\_

Is he/she aware of the disclosure? Yes  No

Does this disclosure involve a family member? Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

### **Alleged Perpetrator Details (if Known)**

Complete as much information that you know

Full Name: \_\_\_\_\_

Address: (if known) \_\_\_\_\_  
\_\_\_\_\_

Contact Number: \_\_\_\_\_

Does the child know this person? Yes  No

If yes, provide the details of the relationship

\_\_\_\_\_

Is this person involved in Ministry? Yes  No

If yes, in what capacity? \_\_\_\_\_

### **Disclosure Details**

Please provide details of the concern, allegation or complaint.

Include dates/times and location of incident(s) as disclosed (if known).

\_\_\_\_\_

\_\_\_\_\_

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Does the child/young person know this disclosure is being documented? Yes  No

**Child Safe Action Taken**

Does this disclosure refer to Faith Community worker misconduct? Yes  No

Has this been referred to the designated Child Safe Standards Representative?  
Yes  No

*If no, explain why* \_\_\_\_\_  
\_\_\_\_\_

***If yes please provide details of the referral***

Date of referral: \_\_\_\_\_ Time of referral: \_\_\_\_\_

Referred to: \_\_\_\_\_

Position/Title/Role: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Child Protection Action Taken**

Does this disclosure require a report to Statutory Authorities? Yes  No

*If no, explain why* \_\_\_\_\_  
\_\_\_\_\_

***If yes please provide details of the report***

Date of report: \_\_\_\_\_ Time of report: \_\_\_\_\_

Please include advice or guidance given by the State Child Protection Authorities and attach any correspondence to this report.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Follow up action required

Please provide details of follow up action to take place

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### Form Completed

Full name: \_\_\_\_\_ Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Also to be signed by the Child Safe Standards Representative / Coordinator of program)*

Full name: \_\_\_\_\_ Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form should be handed to the Child Safe Standards Representative or equivalent and be kept securely for record keeping and follow-up purposes.**