

FORM A - CONFIDENTIAL

Record of a report to the Family and Community Services Child Protection Helpline about suspected risk of significant harm

Name of child or young person..... Age

Date of birth..... Sex: M F

Home address..... Postcode

Home phone.....

School/Course/Program attended.....

School/Campus/Centre or other location.....

Names of parents or carers and relationship to child or young person:

Name Name.....

Phone No Phone No

Relationship Relationship

What actual significant harm or risk of significant harm is suspected? (For grounds for suspected risk of significant harm refer to Section 3 and Appendix 1 of these procedures. Record critical pieces of information that informed your decision to report or your answers to questions in the Mandatory Reporter Guide

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If known, what are the wishes of the child or young person about this matter?

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Is this a report related to the homelessness of a young person who has given permission for the report to be made? Yes ___ No ___

Report made to Child Protection Helpline by phone eReport

Date/...../..... Time

Recommended decision of Helpline caseworker about action to be taken, if known.

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Note: If the report was not screened in as reaching the risk of significant harm threshold, inform the Child Wellbeing Unit on (02) 9269 9400.

Contact reference number (CRN) allocated to this report by Family and Community Services.....

Name..... Signature

Principal/ Workplace Manager (circle one)

Address..... Postcode.....

Telephone Facsimile

Mandatory Reporter Guide final Decision Report attached? Yes ___ No