



Form A (Version 1.5)

Student Protection Report to Queensland Police Service and/or the Department responsible for Child Safety

Type of Report

Mandatory Report of Sexual Abuse/Likely Sexual Abuse to the Queensland Police Service

Mandatory Report of a Reportable Suspicion to the Department responsible for Child Safety (Sexual Abuse/Physical Abuse) (this is compulsory reporting for non-teachers)

Report of a reasonable suspicion that a child may be in need of protection caused by emotional abuse or neglect to the Department responsible for Child safety

Report of sexual abuse, significant physical harm, risk of significant harm of a student by another student to Queensland Police Service

Report of Inappropriate Behaviour towards a student by a staff member/volunteer to Principal / Chief Executive Officer, EREA Colleges Ltd

THE QLD CHILD PROTECTION GUIDE WAS USED TO SUPPORT THE DECISION TO SUBMIT THIS REPORT

Yes

No

PART A: FIRST PERSON REPORT (RECORD OF CONCERN) ALL sections of Part A should be completed

SCHOOL DETAILS

School Name

School Address

School Telephone

School Suburb

Name of Principal

DETAILS OF THE AFFECTED CHILD

Please note: If you have more than one affected child (who is not a sibling), a separate student protection report will have to be completed.

First Name

Surname

Preferred Name

Gender

Date of Birth

Year Level

Indigenous Status

Main Language

Interpreter Required Yes

No

Disability Yes

No

Verified

Disability Details

Residential Address(es)

Current Location of the Child

Are there additional affected children in relation to this matter?

Please note: If you have more than one affected child (who is not a sibling), a separate student protection report will have to be completed. If the additional affected children are siblings, indicate below

Yes

No

PARENT GUARDIAN/CARER OF THE CHILD (MAIN CARER)

Legal Name

Preferred Name

Gender

Proximate Age

Relationship to Child

Lives with the affected child Yes

No

Contact Telephone Numbers(s)

Residential Address(es)

Indigenous Status

Main Language

Interpreter Required Yes

No

Disability Yes

No

Verified

Disability Details

ADDITIONAL PARENT/GUARDIAN/CARER OF THE CHILD

Legal Name

Preferred Name

Gender

Proximate Age

Relationship to Child

Lives with the affected Child Yes

No

Contact Telephone Number (s)

Residential Address(es)

Indigenous Status

Main Language

Interpreter Required Yes

No

Disability Yes

No

Verified

Disability details

SIBLINGS/OTHER FAMILY MEMBERS

Please type name, DOB (where known or approximate age) and relationship to the affected child for each family member. Please indicate if the siblings are also considered affected children in relation to this matter.

Eg John Smith (DOB (where known or approximate age), sibling, also an affected child

TYPE OF ABUSE

Sexual abuse
Likely sexual abuse
Physical abuse/unacceptable risk of physical abuse
Emotional abuse/unacceptable risk of emotional abuse
Neglect/unacceptable risk of neglect

INAPPROPRIATE BEHAVIOUR

Which does not include sexual abuse or likely sexual abuse

TYPE OF INAPPROPRIATE BEHAVIOUR

Physical Boundary Violation
Emotional Boundary Violation
Behaviour Boundary Violation
Other

AWARENESS OF CONCERN

Disclosure by student
Information from another student
Information from a relative of the student
Information from another parent at the school
Observations of a staff member
Anonymous report
Other

DESCRIPTION OF CONCERN

Please refer to EREA Code of Conduct for description of Inappropriate Behaviour. Please include as much information as possible to facilitate a thorough assessment of safety/harm by QPS and Child Safety. Include information

What happened, who was involved?
When did it happen? (approx date/time)
Where did it happen?

If your description of concern can not fit
in the text box please attach separate
document

| | |
|---|-----|
| Has the concern (or similar) occurred previously? | Yes |
| | No |

INJURIES TO CHILD

Please describe any physical injuries if known, include information such as - location, shape, size, colour

Yes
No
Unknown

IMMEDIATE SAFETY CONCERNS

Please detail any concerns you may have about the affected child's immediate safety

Yes

No

Unknown

OBSERVATION OF AFFECTED CHILDS BEHAVIOUR

Please provide details of the affected child's current behavioural/emotional presentation where known or relevant. For example, please indicate whether these behaviours were present prior to the disclosure of observed post disclosure

SOURCE(S) OF CONCERN

Details of person believed to have caused the harm

Legal Name

Preferred Name

Gender

Date of Birth/Approximate Age

Contact Telephone Number(s)

SOURCE OF CONCERN BY CATEGORY

Staff member, other employee of
volunteer

Parent, carer, family member or other
person in the community

Other student enrolled at the school

Self-harm

| | |
|-----------------------------------|---------|
| Is the source of concern a parent | Yes |
| | No |
| | Unknown |

Relationship

| | |
|--|---------|
| Does this parent have current access to the affected child | Yes |
| | No |
| | Unknown |

PERSON(S) WITH MORE INFORMATION

Please include information on each person, name, position, contact number/s

FIRST PERSON REPORT (REPORT OF CONCERN) COMPLETED BY

Name

Position

Contact Telephone Number(s)

Other contact Information

List other actions (if applicable)

PART B: ADDITIONAL INFORMATION (COMPLETED BY THE PRINCIPAL) / DELEGATE

Family court orders

Details

Child protection orders

Details

Departmental out of home care

Details

Departmental intervention

Details

Previous student protection reports

Details

RISK FACTORS

Please provide details of any known risk factors. This includes issues that may impact of the child's vulnerability - medical issues, challenging behaviour, social issues and any issues that may impact on the parent's ability and willingness to protect the child - substance misuse, domestic violence, mental illness

Child risk factors

Details

Parent(s) risk factors

Details

PROTECTIVE FACTORS

Please provide details of any known protective factors such as - any actions parent/s have taken to address the concerns, involvement of support agencies, family support network

Yes

No

Unknown

Details

OTHER ADDITIONAL INFORMATION

To be completed if the principal has knowledge of any other relevant information not included above, for example - previous discussion with parent, support offered by the school any any actions taken by school staff

PERSON(S) WITH MORE INFORMATION

Please include information on each person: name, position, contact number/s

The young person is aware a report is being made

The parents/guardians are aware a report is being made

REPORT SUBMITTED BY (PRINCIPAL/DELEGATE) DETAILS

Name

Position

Date

Time

Contact Telephone Number/s

Email

School

Suburb

REPORT SUBMITTED VIA PRINCIPAL/DELEGATE EMAIL TO

Queensland Police Service Child Protection Investigation Unit

Name of Officer and Region

Department responsible for Child Safety
Regional Intake Service Team

Name of Staff Member and Region

Family and Child Connect (FaCC)

Reason/Information

REQUEST BY SCHOOL FOR OUTCOME ADVICE

Edmund Rice Education Australia request that the outcome of the state authorities (QPS/Department responsible for Child Safety) assessment of the reported concerns be communicated to the Principal.

FINALISED REPORT PROCESS for Principals of EREA Colleges Ltd Queensland Schools, Indooroopilly Montessori Children's House and Mary Rice Early Learning Centre.

1. Please save a copy of this form before submitting.
2. Ensure all Student Protection Reports (Form A) are forwarded (email) to: Chief Executive Officer, EREA Colleges Ltd.
3. All Student Protection Reports (Form A) sent to QPS/Department responsible for Child Safety must be submitted by the Principal. A signature is not required as emailing of the report fulfills the legislative obligations of the Principal.
4. The Principal must inform the author of the First Person Report (Record of Concern) that the report has been made.