|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child or Young Person Name:** | | | | | | |
| Program: | |  | Time of incident: | | |  |
| Date of incident: | |  | Where incident occurred: | | |  |
| Person making Report: | |  | Role & Relationship to Child or Young Person: | | |  |
| Type of incident (tick all that apply): | | |  | | | |
|  | Suspicion or allegation of abuse or neglect of child/young person | | |  | Serious breach of confidentiality or code of conduct that may put a child/young person at risk | |
|  | Suspicion of potential harm to a child/young person (including self-harm or suicidal ideation) | | |  | Serious breach of duty of care (e.g. supervision incident/missing child/young person, child/young locked in or out of service) | |
|  | An allegation of abuse or criminal matters involving a staff member, volunteer or contractor | | |  | A complaint that alleges the well-being of a child/young person is at risk | |
|  | An episode of severe challenging behaviour inconsistent with development (e.g. violence, throwing or destroying furniture, sexualised behaviour) | | |  | Child/young person unlawfully taken | |

**Details of the child or young person affected by the incident**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name |  | | | |
| Date of birth |  | Gender | |  |
| Any communication or medical requirements (e.g. special needs, English as a Second Language) |  | | | |
| Parent / guardian name |  | | | |
| Parent / guardian contact/s phone | (Home)  (Mobile) | | (Work) | |
| Parent / guardian address |  | | | |
| Any known parent / guardian communication requirement (e.g. English as a Second Language) |  | | | |

**Details of other persons involved**

|  |  |
| --- | --- |
| **Details of person to who allegations have been made(s) details:** | |
| Name – if known. |  |
| Connection with the child or young person– if known |  |
| Any other relevant factors: |  |
| **Were there any other witnesses to the incident? Yes 🞎 No 🞎**  **If yes, please provide their details below:** | |
| Full name |  |
| Involvement as witness |  |
| Contact phone number |  |
| Full name |  |
| Involvement as witness |  |
| Contact phone number |  |

**Details of incident**

(Please describe the incident including alleged person(s) behavior, sighted injury or other indicators of abuse, conversations with the child or young person)

|  |
| --- |
|  |

**Action undertaken (if any):**

|  |  |
| --- | --- |
| To ensure the safety of child or young person: |  |
| To address the support needs of the child, young person and or family: |  |
| To address the support needs of the person who the allegations are against: |  |
| To address the support needs of others involved: |  |

**Continuous Improvement & Lessons Learnt**

|  |  |
| --- | --- |
| What forms, documents or procedures helped you manage the situation? (Person making report to complete): |  |
| What additional tools or support could better support you to manage this process? (Person making report to complete): |  |
| What follow-up or longer-term action was taken? (Manager to complete): |  |
| What have you put in place to prevent similar concerns or incidents occurring again? (Manager to complete): |  |

**Incident response**

|  |  |
| --- | --- |
| **Please tick who of the following have been informed of this incident:** | |
| Externally | Police 🞎 Department of Child Protection & Family Support (DCPFS) 🞎 Ambulance 🞎 Doctor 🞎 Parent / Guardian 🞎 ECRU 🞎  Other (please specify) 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Internally | Manager (please specify):  *Please note that a Manager must be informed* |
| Internally | YMCA WA Child Protection Officer notified: Y Safeguarding 🞎 |

**Police**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Time: |  |
| Name of person notified: |  | Position: |  |
| Department / region: |  | Contact detail/s: |  |
| Police Incident or Reference Number: |  | | |
| Advice provided: | | | |

**Department of Child Protection & Family Support (DCPFS)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Time: |  |
| Name of person notified: |  | Position: |  |
| Department / region: |  | Contact detail/s: |  |
| Advice provided: | | | |

**Parent / guardian (where required)**

|  |  |
| --- | --- |
| **Has the child or young person’s parent/guardian been informed of the incident: Yes 🞎 No 🞎**  **(If appropriate) have the relevant authorities being notified: Yes 🞎 No 🞎** | |
| If yes, please provide relevant details of conversations: | *E.g. (information provided, reactions, concerns and admissions)* |
| If no, please explain why: |  |

|  |  |
| --- | --- |
| **Please provide details of which manager/s or other personnel has been informed of the incident?** | |
| Full name: |  |
| Position / title: |  |
| Date and time informed: |  |
| Full name |  |
| Position / title: |  |
| Date and time informed: |  |

**Additional comments:**

|  |
| --- |
|  |

**Acknowledgement of form completion**

|  |  |  |  |
| --- | --- | --- | --- |
| **I have completed this form to the best of my knowledge and ability** | | | |
| Name |  | Position |  |
| Signed |  | Date |  |

**Manager**

|  |  |  |  |
| --- | --- | --- | --- |
| **I have checked that all sections of this form are complete** | | | |
| Name |  | Position |  |
| Signed |  | Date |  |

**Privacy Disclaimer:**

The YMCA WA acknowledges and respects the privacy of all its staff, volunteers, contractors and patrons. The information being collected is for the purposes of obtaining details of and assessing the incident in question. Information disclosed on this form may be passed on to the appropriate authorities, as required. By signing this form, you have consented to this information being collected, used and disclosed for the intended purpose. You have the right to access and alter personal information in accordance with the Commonwealth Privacy Act (amended 2001) and the YMCA WA Privacy Policy

Please email this completed form to [safeguarding@ymcawa.org.au](mailto:safeguarding@ymcawa.org.au)