



Form A (Version 1.2)

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 / EREA Director of Schools - QLD

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

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

## Details

## **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)

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## **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 (QPF/Child Safety) assessment of the reported concerns be communicated to the Principal.

**FINALISED REPORT PROCESS** for Principals of EREA Northern Region (Queensland) Schools, Flexible Learning Centres, 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: EREA Director of Schools - QLD.
3. All Student Protection Reports (Form A) sent to QPS/DCCSDS 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.