

Sample - 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 / Young Person Details

Full Name: _____ Date of Birth: _____

Address: (if known) _____

Contact Number: _____

Parent/Carer/Guardian Details

Is he/she aware of the disclosure? Yes No

Does this disclosure involve a family member? Yes No

Full Name: _____

Address: (if known) _____

Contact Number: _____

Comments: _____

Alleged Perpetrator Details (if Known)

Complete as much information that you know

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? _____

Full Name: _____

Address: (if known) _____

Contact Number: _____

Disclosure Details

Please provide details of the concern, allegation or complaint.
Include dates/times and location of incident(s) as disclosed (if known).

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

Safe Church Action Taken

Does this disclosure refer to church worker misconduct? Yes No

Has this been referred to the designated Safe Church Concerns Person?
(or equivalent) 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/Territory Child Protection Authorities and attach any correspondence to this report.

Follow up action required

Please provide details of follow up action to take place

Form Completed

Full name: _____

Role: _____

Signature: _____

Date: _____

(Also to be signed by the Safe Church Concerns Person – or equivalent / Coordinator of program)

Full name: _____

Role: _____

Signature: _____

Date: _____

This form should be handed to the Safe Church Concerns Person - or equivalent and be kept securely for record keeping and follow-up purposes.



Safe Church Training Agreement
An initiative of the National Council of Churches in Australia
www.safechurches.org.au