

To be completed by any person who hears a disclosure or wishes to report safety concerns about a child or young person.

If a child is in immediate danger, ring 000 and report the situation to the police.

When abuse is disclosed, ensure the immediate safety of the child. Then, as soon as possible after the discussion or incident, fill in this form with as much information as you know without asking any more questions.

The completed form should be given to the nominated Safe Contact Person of your church and used for reporting to the relevant authorities.

This information is to be kept strictly confidential. The provision of information to authorities for the protection of a child or young person is not a breach of confidentiality.

If you need to report a case of misconduct, abuse or historical abuse, please contact:

Executive Minister
Churches of Christ in Western Australia Inc.
22 Plantation Street, Menora, WA, 6050
E: tania.watson@cocwa.com.au
W: www.cocwa.org.au
P: 08 9471 8500

YOUR DETAILS

Full Name: _____

Address: _____

Contact Number: _____ Email: _____

Role / Title: _____

Organisation: _____

Relationship to child: _____

CHILD OR YOUNG PERSON DETAILS

Full Name: _____

Address (if known): _____

Contact Number: _____ Email: _____

First Language: _____ Gender: _____ Age: _____

Sibling names / ages: _____

PARENT / CARER / GUARDIAN DETAILS

Full Name: _____

Address (if known): _____

Contact Number: _____ Email: _____

First Language: _____

Have the parents/guardians of the victim been notified? **(Please Circle)** YES / NO

If yes, person(s) spoken to: _____ Date: ___ / ___ / ___

What were they told? _____

ALLEGED PERPETRATOR DETAILS (IF KNOWN)

Complete as much information as you know.

Full Name: _____

Address (if known): _____

Contact Number: _____ Email: _____

First Language: _____ Gender: _____ Age: _____

Relationship to child: _____

Is this person involved in Ministry or leadership in any capacity? **(Please Circle)** YES / NO

If yes, in what capacity? _____

Does the alleged perpetrator know about the report? **(Please Circle)** YES / NO

If yes, spoken to by: _____ Date: ___ / ___ / ___

What were they told? _____

NATURE OF REPORT (IF BASED ON A DISCLOSURE)

Date of Incident: ___ / ___ / ___ Time of Incident: ___ : ___ am / pm

Does the child/young person know this disclosure is being documented? **(Please Circle)** YES / NO

Nature of alleged abuse: Physical Emotional Sexual Neglect Family Violence

Details: _____

NATURE OF REPORT (IF BASED ON REASONABLE CONCERNS)

What are you concerned about? Fill in as much as you know without asking more questions. Provide a brief factual description of what happened (either what was said, reported or observed, including injuries) and/or the specific circumstances that supported your decision to complete this form.

Date of Incident: ___ / ___ / ___ Time of Incident: ___ : ___ am / pm

Does the child/young person know this disclosure is being documented? **(Please Circle)** YES / NO

Nature of alleged abuse: Physical Emotional Sexual Neglect Family Violence

Details: _____

ACTION TAKEN

Have you reported to the Police? **(Please Circle)** YES / NO

If yes, reported by: _____ Date: ___ / ___ / ____

Name of Officer: _____

Police Station: _____ Reference Number: _____

Have you reported to the COCWA Executive Minister? **(Please Circle)** YES / NO

If yes, reported by: _____ Date: ___ / ___ / ____

FORM COMPLETED BY

Full Name: _____ Role: _____

Signature: _____ Date: ___ / ___ / ____

CONTACT POINTS

CONCERNS FOR A CHILD OR YOUNG PERSON:

METROPOLITAN

Central Intake Team: 1800 273 889

Metropolitan District office numbers on website
(see below)

AFTER HOURS - CRISIS CARE

Metro: (08) 9223 1111

Country free call: 1800 199 008

COCWA EXECUTIVE MINISTER:

22 Plantation Street, Menora, WA 6050
www.cocwa.org.au
safe@cocwa.com.au
(08) 9471 8500

METROPOLITAN

Ring the local Child Protection and Family Support
District Office

Go to website: www.dcp.wa.gov.au
go to: 'Contact Us'
go to: Country (and Metropolitan) district
office phone numbers