



Child Safeguarding Report – Form A Private and Confidential

Child Safeguarding Report to Queensland Police Service (QPS) and/or the Department responsible for Child Safety

***This form must be completed immediately and submitted to the BBC Headmaster or PMSA CEO who will immediately forward the report to QPS 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 Headmaster/ PMSA Chief Executive Officer

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	<input type="text"/>
School Address	<input type="text"/>
School Telephone	<input type="text"/>
School Suburb	<input type="text"/>
Name of Principal	<input type="text"/>

DETAILS OF THE AFFECTED CHILD

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

First Name	<input type="text"/>
Surname	<input type="text"/>
Preferred Name	<input type="text"/>
Gender	<input type="text"/>
Date of Birth	<input type="text"/>
Year Level	<input type="text"/>
Indigenous Status	<input type="text"/>
Main Language	<input type="text"/>

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 PMSA Code of Conduct for description of Inappropriate Behaviour. Please include as much information as possible to facilitate a thorough assessment of safeguarding/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 cannot 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

IMMEDIATE SAFEGUARDING CONCERNS

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

- 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	<input type="text"/>
Preferred Name	<input type="text"/>
Gender	<input type="text"/>
Date of Birth/Approximate Age	<input type="text"/>
Contact Telephone Number(s)	<input type="text"/>

SOURCE OF CONCERN BY CATEGORY

- Staff member, other employee or 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	<input type="text"/>
Position	<input type="text"/>
Contact Telephone Number(s)	<input type="text"/>
Other contact Information	<input type="text"/>

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 behaviours, 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 etc.

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 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

OFFICE USE ONLY

REPORT SUBMITTED BY (HEADMASTER/DELEGATE) DETAILS

Name	<input type="text"/>
Position	<input type="text"/>
Date	<input type="text"/>
Time	<input type="text"/>
Contact Number/s	<input type="text"/>
Email	<input type="text"/>
School	<input type="text"/>
Suburb	<input type="text"/>

REPORT SUBMITTED VIA HEADMASTER/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

The Presbyterian and Methodist Schools Association (PMSA) request that the outcome of the state authorities (QPF/Child Safety) assessment of the reported concerns be communicated to the Headmaster.

FINALISED REPORT PROCESS for Principals of PMSA schools

1. Please save a copy of this form before submitting.
2. Ensure all Child Safeguarding Reports (Form A) are forwarded (email) to: PMSA Chief Executive Officer.
3. All Child Safeguarding 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 – PART A) that the report has been made.