

NOTIFICATION OF CHILD PROTECTION CONCERN

Include information to the extent of your knowledge.

If you are a member of the public you can report your concern directly to Child Safety, for more information go to their website

DETAILS OF PERSON MAKING THE NOTIFICATION

NAME:

PHONE/EMAIL:

DETAILS OF STUDENT HARMED OR AT RISK OF HARM/ABUSE

NAME OF STUDENT:

GENDER:

FEMALE

MALE

RESIDENTIAL ADDRESS:

AGE/DATE OF BIRTH:

MOBILE:

PROVIDE ALL INFORMATION YOU HAVE WHICH LED TO THE SUSPICION OF HARM OR ABUSE (attach extra pages if necessary)

NATURE OF CONCERN:

PLEASE INDICATE THE IDENTITY OF ANYONE ELSE WHO MAY HAVE INFORMATION ABOUT THE HARM OR ABUSE:

PERSON ALLEGED TO HAVE CAUSED THE HARM OR ABUSE

ADULT FAMILY MEMBER

CHILD FAMILY MEMBER

OTHER ADULT

STUDENT/OTHER CHILD

UNKNOWN

This section is to be completed by Fairholme College Staff

NAME AND SIGNATURE OF PERSON RECEIVING INITIAL REPORT:

DATE:

NAME AND SIGNATURE OF PRINCIPAL OR PRINCIPAL'S DELEGATE:

DATE: