

Phone: 03 9551 5666 Email: claytonsouth@cam.org.au

Reporting child safety related misconduct and/or child abuse

NAME AND CONTACT DETAILS OF THE CHILD OR YOUNG PERSON

First name	
Last name	
Age (or estimated age of the child or young person)	
Date of birth	/ /
Gender	
Relationship to the parish, agency	
or entity (e.g. parishioner,	
program participant, attending an	
event)	
Does the child or young person	□ Yes
identify as Aboriginal or Torres	□ No
Strait Islander?	
Is the child or young from a	□ Yes
culturally and linguistically diverse	□ No
background?	If 'Yes', language spoken at home:
Does the child or young person	□ Yes
have a disability?	□ No
	If 'Yes", please provide additional information about the child or young person's disability.



Does the child or young person

ST. ANDREW'S PARISH, CLAYTON SOUTH 76 Springs Road, Clayton South VIC 3169

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□ Yes

have additional support needs?	☐ No If 'Yes', what additional supports may be required to support the child or young person (and their family) (e.g. support of an elder, interpreter)?
NAME AND CONTACT DETAILS OF PA	ARENTS AND/OR GUARDIANS
Parent/carer 1	
First name	
Last name	
Relationship to the child or young p	erson (e.g. father, grandmother, foster carer)
Address	
Telephone (home)	
Telephone (mobile)	
Telephone (work)	
Email address	
Likely reaction to a report being ma	de (if known)



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What additional supports may need to be put in place to support the parent(s) or carer(s) of this child or young
person?



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Parent/carer 2
First name
Last name
Relationship to the child or young person (e.g. father, grandmother, foster carer)
Address
Telephone (home)
Telephone (mobile)
Telephone (work)
Email address
Likely reaction to a report being made (if known)



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What additional supports may need to be put in place to support the parent(s) or carer(s) of this child or young

person:	
NAME AND CONTACT DETAILS OF PERSON REPORTING A CO	ONCERN, ALLEGATION OR COMPLAINT
First name	
Last name	
Address	
Telephone (home)	
Telephone (mobile)	
Telephone (work)	
Email address	
Date of the report	/ /
Relationship to the child or young person (e.g. parent, pries	t, program coordinator, parish volunteer)
Does the person making the report have an existing relation perpetrator(s)?	nship or a conflict of interest with the alleged
perpenator(s):	



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Does the person making the report hold a position within a CAM parish, agency or entity?
□ Yes
□ No
If 'Yes', please add position title:
CONCERN, ALLEGATION OR COMPLAINT
What is the context for where the alleged misconduct or abuse has occurred?
□ Family context
□ Parish, agency or entity context
□ External context (e.g. school, person known or unknown, online)
Is this concern, allegation or complaint current or historical?
☐ Current (e.g. happening now)
☐ Historical (e.g. relates to abuse reported by an adult that occurred when they were a child)
Instantal (e.g. relates to abase reported by an addit that occurred when they were a clina)
Has the identity of the alleged perpetrator been disclosed?
□ Yes
□ No
Please provide relevant information:



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As far as possible in the 'exact words' of the person making the report – please describe the nature of the
concern, allegation or complaint including indicators or instances which have led the person to believe that the
child or young person is subject to abuse.
Please include:
name of the alleged perpetrator(s)
 date(s) of the alleged abuse or neglect
 location where the alleged abuse or neglect occurred
names of possible witnesses
 any additional documents that may be relevant to this concern, allegation or complaint (e.g. letters, emails,
file notes, diary entries).
How would the person making the report best categorise the alleged abuse or neglect?
Please select as many categories are necessary.
□ Emotional abuse (including spiritual abuse)
□ Physical abuse
□ Sexual abuse (including grooming)
□ Problematic sexual behaviour of a child or young person
□ Neglect
□ Discrimination
□ Bullying
□ Other – please specify:
Name of the alleged perpetrator(s) if known



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Contact information of the perpetrator(s) if known
Address:
Other contact details (e.g. telephone numbers, email):
Is the alleged perpetrator a child or young person or an adult?
☐ Child or young person (under 18 years of age)
□ Adult (person 18 years and over)
What is the relationship of the alleged perpetrator(s) to the child or young person?
(e.g. parent, clergy, other child or young person, program leader, member of the public, no relationship,
unknown person online, employee or volunteer of the parish, agency or entity, contractor)

ACTION REQUIRED/TAKEN



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Does this child safety co	oncern, allegation or com	plaint require a report to the authorities?	
i i	in following the reportin ded not to report, please		
Is the child or young	□ Yes		
person in imminent	□ No		
danger?			
		Police (phone '000') immediately.	
	Please follow the directions of Victoria Police – taking action without police advice can		
	, , ,	person at risk of harm, and impact the integrity of future	
	investigations.		
	Victoria Police		
	Date of contact with		
	Victoria Police:		
	Name and rank of	, ,	
	person you spoke		
	with:		
	Reference number (if		
	applicable):		
	Contact details (e.g.		
	telephone, email,		
	police station		
	location)		
	What action did the		
	police officer advise?		
	Did Victoria Police	□ Yes	
	advise contacting the	□ No	
	child or young		
	person's parent(s) or		
	carer(s)?		



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Alleged abuse that	□ Yes		
occurs within a family	□ No		
context requires a	If 'Yes', contact Child Protection (DHHS).		
report to Child	Please do not report the matter to the parent(s) or carer(s) of the child or young		
Protection (DHHS).	person unless Child Pro	tection has advised that it is safe to do so. Informing parent(s)	
Does the concern,	or carer(s) can place a c	hild or young person at risk of harm, and impact the integrity	
complaint or	of future investigations.		
allegation require a	Child Protection		
report to Child	Date of contact with		
Protection?	Child Protection:	/ /	
	Name and position of		
	person you spoke		
	with:		
	Reference number (if		
	applicable):		
	Contact details (e.g.		
	telephone, email,		
	regional office		
	location)		
	What action did Child		
	Protection advise?		
	Did Child Protection	□ Yes	
	advise contacting the	□No	
	child or young		
	person's parent(s) or		
	carer(s)?		
Does the concern,	□ Yes		
complaint or	□ No		
allegation involve	If "Yes, contact Child Pro	otection (DHHS).	
problem sexual	Child Protection		
behaviour of a child	Name and position of		
or young person?	person you spoke		
	with:		
	Reference number (if		
	applicable):		
	Contact details (e.g.		
	telephone, email,		
	regional office		
	location)		



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What action did Child			
Protection advise?			
Did Child Protection ☐ Yes			
advise contacting the			
parent(s) or carer(s)			
of the alleged			
perpetrator?			
Did Child Protection ☐ Yes			
advise contacting the			
alleged victim's			
parent(s) or carer(s)			
for support?			
Does the concern, ☐ Yes			
complaint or			
allegation involve If 'Yes', contact the Sexual Offences Child Abuse Investigation 1	If 'Yes', contact the Sexual Offences Child Abuse Investigation Team of Victoria Police.		
alleged behaviour of a Please follow the directions of Victoria Police – taking action w	Please follow the directions of Victoria Police – taking action without police advice can		
member of the clergy, place a child or young person at risk of harm, and impact the in	tegrity of future		
an employee or investigations.			
volunteer of a parish, Victoria Police			
agency or entity of Name and rank of			
the Archdiocese? person you spoke			
with:			
Reference number (if			
applicable):			
Contact details (e.g.			
telephone, email,			
police station			
location)			
What action did the			
police officer advise?			
Did Victoria Police ☐ Yes			
advise contacting the ☐ No			
child or young			
person's parent(s) or			
carer(s)?			



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	<u> </u>
What support has	
been offered to the	
child or young person	
(and their family) e.g.	
counselling, pastoral	
care?	
Please note that it is	
important to offer	
information about	
support within the	
parish, agency or	
entity as well as	
support from external	
agencies e.g. Lifeline,	
BeyondBlue, Centre	
Against Sexual Assault	
· ·	
(CASA).	and the self-self-self-self-self-self-self-self-
	portant to only inform those with a need to know about the concern, allegation or
complaint (e.g. your im	mediate supervisor).
5	
_	r persons involved in the alleged abuse can place a child or young person at harm or
compromise the integri	ity of future investigations.
	Ι
Has any other person	□ Yes
been informed of this	□ No
matter?	If 'Yes', please note their details and information that has been provided:
NAME OF PERSON COM	PLETING THE CHILD SAFETY REPORT FORM
-	
Is the Child Safety Repo	orting Form being completed by a person different to the person making the report?
□ Yes	
□ No	
If 'No', please add deta	ils below.
i	



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First name
Last name
Position of the person completing the Child Safety Report Form within the Catholic Archdiocese of Melbourne
Address
Telephone (home)
Telephone (mobile)
Telephone (work)
Email address
Enterindad de la companya del companya del companya de la companya
Relationship to the child or young person (e.g. parent, priest, program coordinator, parish volunteer)
Does the person making the report have an existing relationship or a conflict of interest with the alleged
perpetrator(s)?
□ Yes
□ No
If 'Yes', please provide details:



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Signature of person completing the Child Safety Report Form			
Date the Child Safety Report Form was completed	/	/	

Please email the completed Form to the Professional Standards Unit (PSU) of the Catholic Archdiocese of Melbourne: psu@cam.org.au

Professional Standards Unit

Please do not hesitate to contact the PSU if you require any assistance.

phone: 9926 5621 (Monday to Friday 9am–5pm)

■ email: psu@cam.org.au



Version 1: July 2019 Professional Standards Unit psu@cam.org.au