**Catholic Diocese of Sandhurst**

**Incident Recording Form**

**Reportable Conduct**

***Safeguarding Children and Young People – Reportable Conduct Incident recording form***

**Incident Recording Form**

This Incident Recording Form is part of the Catholic Diocese of Sandhurst Safeguarding Children and Young People Policy.

This form may be used by anyone who wishes to record any incident in relation to reportable conduct or report any issue of concern regarding children in a parish or agency of the Catholic Diocese of Sandhurst

It should be read in conjunction with the Safeguarding Policy for Children and Young People and in particular Appendices B and E.

|  |  |
| --- | --- |
| **Name of parish/ diocesan agency** |  |
|  |  |
| **Activity name, date/s, and times** |  |

**Child’s Details**

|  |  |
| --- | --- |
| Child’s full name: |  |
| Date of Birth: |  |
| Age: |  |
| Gender: |  |
| Relationship of the child to the organisation (e.g., parishioner, participant in ministry activity, on-looker): |  |

**Parent/Guardian Details:**

|  |  |
| --- | --- |
| Parent/guardian’s name: |  |
| Relationship to child (e.g., mother): |  |
| Address: |  |
| Telephone (home): |  |
| Telephone (work): |  |
| Telephone (mobile): |  |
| Email address: |  |

**Details of person completing this form:**

|  |  |
| --- | --- |
| Name: |  |
| Position in parish or diocesan agency:  |  |
| Address: |  |
| Telephone (home): |  |
| Telephone (work): |  |
| Telephone (mobile): |  |
| Email address: |  |

**Details of the allegation/s made:**

|  |  |
| --- | --- |
| Was the allegation/s reported to you by another person? (Please tick): | * YES 🞏 NO
 |
| If yes, when was the allegation reported to you? |  |

**Details of the person reporting the incident (if different to the person completing the form):**

|  |  |
| --- | --- |
| Name: |  |
| Date of birth: |  |
| Telephone (home): |  |
| Telephone (work): |  |
| Telephone (mobile): |  |
| Email address: |  |
| Position in the parish/diocesan agency: |  |

**Details of incident or matter: (please be as descriptive as possible, include dates, locations, full names, names of any witnesses etc.**

|  |  |
| --- | --- |
| Category of concern (please tick) |  |
| 🞏 | Sexual offence committed against a child |
| 🞏 | Sexual offence committed with a child |
| 🞏 | Sexual offence committed in the presence of a child |
| 🞏 | Sexual misconduct committed against a child |
| 🞏 | Sexual misconduct committed with a child |
| 🞏 | Sexual misconduct committed in the presence of a child |
| 🞏 | Physical violence committed against a child |
| 🞏 | Physical violence committed with a child |
| 🞏 | Physical violence committed in the presence of a child |
| 🞏 | Behaviour that causes significant emotional psychological harm to a child |
| 🞏 | Significant neglect / or other  |
| Is the risk of harm to the child ongoing? |  |
| Is the child in immediate danger? |  |
| How did the person reporting the incident form a “reasonable belief” about the alleged incident? (i.e., firsthand observation, overheard a conversation, was reported to you by someone else/the alleged victim) |  |
| Is this the first incident involving the alleged perpetrator? |  |
| Date of the alleged incident |  |
| Location where the incident occurred |  |
| Did the incident occur in the course of the alleged perpetrator’s work for the organisation? (Please tick) | * YES 🞏 NO
 |

**Description of the alleged incident or matter: (please be as descriptive as possible, include dates, locations, full names, names of any witnesses etc.)**

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**Details of the alleged perpetrator:**

|  |  |
| --- | --- |
| Name: |  |
| Date of birth (if known, otherwise please tick): | Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* Younger than 16 years old
* Between 16 and 18 years old
* 18 years or older
 |
| Relationship of the alleged perpetrator to the organisation (please tick): | * Staff
* Volunteer
* Contractor
* Office holder
* Clergy
* Other (please specify)
 |

**What action have you already taken?**

|  |  |
| --- | --- |
| Has the matter been reported to Victoria Police? (Please tick) telephone 000. | * Yes (because I think it could involve criminal conduct)
* Yes (because I was concerned a child was in immediate danger)
* No
 |
| If yes, when was the Police report made? |  |
| What is the Police reference number? |  |
| Which Police station was the report made to? |  |
| Did the police approve you contacting the Child’s parents for support? |  |
| Has the matter been reported to DFFH Child Protection? (Please tick) telephone 1300 360 391 or after-hours phone 13 12 78  | * Yes (because I think the child is at risk of harm and the parent/guardian is not willing or capable of adequately looking after him/her).
* Yes (because I fall under Victoria’s mandatory reporting obligations.
* No
 |

|  |  |
| --- | --- |
| Has the matter been reported to your ministry supervisor/manager? |  |
| Has the matter been reported to your Parish Priest / Child safety officer? |  |
| Has the matter been reported to the Child’s parent/guardian? |  |
| Who else have you informed – name, title (if relevant), relationship to child (if any) and date; |  |

|  |
| --- |
| Person completing form (please print) |
|  |
|  |
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|  |  |
| --- | --- |
|  |  |
| Signature of person completing form |  |
|  |  |
| Date: / /  |  |
|  |  |

**Approval**

|  |  |  |
| --- | --- | --- |
| **Approved by**  | **Signature**  | **Date**  |
| Bishop Shane Mackinlay | Signed copy maintained in the Chancery Office  | 19/01/2022 |

**Revision History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Revised By** | **Description of Revision** | **Next Review** |
| 1.0 | 1/07/2018 | Child Safety Officer  | Creation of new forms | 1/07/2020 |
| 1.1 | 17/01/2022 | Safeguarding Co-ordinator  | Update details of Safeguarding Policy  | 17/01/2024 |