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**ST THOMAS AQUINAS  
 COLLEGE**

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**Child Safe Code of Conduct  
 Child Safe Standards – Incident Report Form**

The Child Safe Standards require organisations that provide services for children to have processes for responding to and reporting suspected child abuse. This Disclosure or Incident Report is available to any College community member, including visitors and other persons while connected to the school environment, for completion and submission to the College Child Safety Officer to report suspected child abuse.

This report should be completed under the guidance of the College Child Safe Policy. The need to make a report may come about through observation of incidents and behaviours, or by disclosures by others. All reports will be stored securely by the College. Please note that vexatious reports will ultimately be referred to police. Anonymous reports will only accepted by the College at the discretion of the Principal.

**Report Details**

Date of Report	
Time of Report	
Name of person making report	
Mobile Phone Contact	
Relationship of person making report to the child	
Name(s) of child/children involved	
Name(s) of alleged perpetrator(s) of abuse	
Relationship of alleged perpetrator to child/children	

***If you believe a child is at immediate risk of abuse phone police on 000***

**Please categorise the disclosure / incident**

*(Mark with an 'X' as applicable)*

Physical violence	
Sexual offence	
Serious emotional or psychological abuse	
Serious neglect	
Grooming offence	

**Does the child identify as Aboriginal or Torres Strait Islander?**

Yes	
No	

**Does the child concerned have a known disability?**

Yes		Category -
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No	
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**Please indicate other known protective factors requiring consideration.**

**Description of the alleged or observed incident.**

Date	
Time of incident	
Location of incident	
What is being alleged?	
Name(s) of person/s involved in abuse	
Name(s) of any witness and contact details if known	
Other relevant information	
<p>Factual account of incident and further concerns.</p> <p><i>(Attach separate document id needed)</i></p>	
What are the grounds for reasonable belief of abuse?	
What protection and support arrangements have been made?	

<i>(Include contact details for external agencies)</i>	
Name of College Child Safety Officer informed?	Name: By phone By email In person: (date and time)

Signature of reporter: ..... Date: .....

**If the person completing this report is not a College employee:**

Please provide your contact details for College use only:

Name	
Address	
Mobile Number	
Email	

In making this report, please provide the following information that is known about the alleged offender.

Name	
Gender	
Address	
Phone number or email address	

**Child Safety Officer / Office use**

Date incident report received	
Staff member managing incident following the report	

Follow-up dates and child support plan / protection arrangements / referrals	
Incident reference number	

**The incident / allegation has been reported to:**

Reported to:	Yes / No	Date	Method
Child Protection			
Police			
Orange Door			
College Principal			
Another third party <i>(please specify)</i>			

<p><b>Decision not to report:</b> List reasons and follow up actions.</p>	
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**College Child Safety Officer Signature:** ..... **Date:** .....

**Incident Review and Reflection**

This safety and wellbeing review is to be initiated by the College Child Safety Officer about 4 to 6 weeks following the report to the College Child Safety Officer. It may include the person making the report and a member of the College Executive.

<p><b>IS THE CHILD SAFE FROM ABUSE AND HARM INCLUDING EXPOSURE TO FAMILY VIOLENCE?</b></p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p> <p><i>IF NOT CONSIDER THE NEED TO MAKE ANOTHER REPORT</i></p>
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**DOES THE CHILD HAVE ANY WELLBEING ISSUES THAT ARE NOT CURRENTLY BEING ADDRESSED?**

- NO**
- YES**

*IF SO, CONSIDER HOW THESE CAN BE ADDRESSED WITHIN A STUDENT ILP OR PSG MEETING*

**ARE THERE ANY OTHER CHILDREN WHO MAY BE IMPACTED BY THE ABUSE?**

- NO**
- YES**

**IF SO ARE THEIR WELLBEING NEEDS BEING MET?**

- NO**
- YES**

*IF SO, CONSIDER A STUDENT ILP OR PSG MEETING*

**DOES THE STAFF MEMBER WHO MADE THE REPORT / WITNESSED THE INCIDENT, FORMED A SUSPICION OR RECEIVED A DISCLOSURE REQUIRE ANY SUPPORT?**

- NO**
- YES**

**IF SO, HAS THIS BEEN RECEIVED?**

- NO**
- YES**