



# Child Protection Notification Form

Notifier Details				
Organisation:		Date:		
Worker Name:		Contact Number:		
Department:		Email:		
Type of Harm:	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Neglect	<input type="checkbox"/> Emotional Harm	<input type="checkbox"/> Sexual Abuse

Child Details			
Subject Child Name:		DOB/Age:	
Subject Child Name:		DOB/Age:	
Subject Child Name:		DOB/Age:	
Subject Child Name:		DOB/Age:	
Subject Child Name:		DOB/Age:	
Subject Child Name:		DOB/Age:	
Contact Details:			
Address:		Phone:	
Parent/Carer details:		Mobile:	

Person/s Responsible for the Harm				
Name:		R/Ship to Child:		Contact Details:
Name:		R/Ship to Child:		Contact Details:



**Background / Contextual Information**

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**Detailed Account of Child Protection Concerns**

Witnessed Incident     
  Disclosed Incident     
  Historical Concerns

Do you believe the child to be in immediate danger?  Yes  No

*(If you answered Yes to this question, you need to call Emergency Services on 000)*

***Please outline the specific details of the incident (witnessed or disclosed) and record this as a chronological series of events:***

Date & Time	Details
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**ADMINISTRATION USE ONLY**

<b>General:</b> <input type="checkbox"/> Verbally advised Director <input type="checkbox"/> Verbally advised Child Safety Regional Intake Team <input type="checkbox"/> Copy Filed in Co-ordinators Master Folder		Date: Date: Date:	
<b>Completed By:</b>		<b>Date Filed:</b>	