



Spirituality Ministry of the Sisters of Saint Joseph Child Safety Reporting Form

If you believe a child is at immediate risk of abuse phone 000.

Send the completed form to Saint Joseph's Centre for Reflective Living, Baulkham Hills on safeguarding@stjosephscentre.org.au or the Saint Joseph's Spirituality & Education Centre Kincumber South on safeguarding@stjosephsretreat.org.au. Additionally:

- If person making report is a workplace participant, the form must be sent to Centre Manager at either Baulkham Hills or Kincumber South.
- Centre Managers at the Centres must send the report to the Chairperson of the SM Board.
- Reports must be made to relevant state-based statutory Child Protection Service (see contact details page 4 of this form). All incident reports must be stored confidentially and securely.

Details of the child

Name:	
Date of birth (if known):	
Address (if known):	
Child's contact number (if known and age appropriate):	
Resides with (if known):	

Details of the child's parents

Name:	
Address (if known):	
Contact number (if known):	

Details of person filling in this form

Name:	
Contact Details:	
Role	Indicate selection via X <input type="checkbox"/> Child <input type="checkbox"/> Workplace Participant <input type="checkbox"/> Parent / carer / guardian <input type="checkbox"/> Concerned member of the community <input type="checkbox"/> Anonymous

Alleged incident details

Date of alleged incident:	
Time of alleged incident:	
Location of alleged incident:	
Date Identified (if different from date of incident)	



Please describe the alleged incident

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Overview: What do you understand to have occurred? Please provide as much detail as possible. If a child has made a disclosure, please include the words the child used to disclose the alleged incident.	
Who is the child allegedly at risk from? Identifying details if possible, including name and relationship to child and frequency of contact.	
Where did the alleged incident occur?	
Witnesses to the alleged incident?	
Other information:	



Please categorise the incident

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	Make Selection	Comments
Physical violence	<input type="checkbox"/>	
Sexual offence	<input type="checkbox"/>	
Sexual misconduct	<input type="checkbox"/>	
Serious emotional or psychological abuse	<input type="checkbox"/>	
Serious neglect	<input type="checkbox"/>	
Grooming	<input type="checkbox"/>	
Breach of SM Child Safeguarding	<input type="checkbox"/>	
Code of Conduct	<input type="checkbox"/>	
Reportable Conduct	<input type="checkbox"/>	

Proposed corrective action and mitigation plan

Action	Responsible Person	Date (Completion)	Status

Does the child identify as Aboriginal or Torres Strait Islander?

(Mark with an 'X' as applicable)

No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐

Is the child from a culturally or linguistically diverse background?

(Mark with an 'X' as applicable)

No ☐ Yes, please provide details:

Does the child have a disability?

A disability can be any physical, sensory, neurological disability, acquired brain injury, intellectual disability, or developmental delay that affects a child's ability to undertake everyday activities.

(Mark with an 'X' as applicable).

No ☐ Yes, please provide details:



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Office use only

Date incident report received:		
Person managing incident:		
Incident ref. number:		
Has the incident been reported?	Date Notified	Comments
Child protection		
Police (Event number if known)		
Another third party (please specify):		

State

Contact

New South Wales	Child Protection Helpline on 132 111