|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Details…** | | | |
| **Student’s name:** |  | **D.O.B:** |  |
| **Address:** |  | **Year level:** |  |

|  |  |  |
| --- | --- | --- |
| **Details of any known siblings…** | | |
| **Name** | **Age** | **Address** |
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| **Staff member’s description of injury or behaviour observed** |
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| **Staff member’s reason for believing that the injury or behaviour observed is the result of abuse or neglect** |
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|  |

Notification to (circle one): Child FIRST or Child Protection

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of report:** |  | **Time:** |  |
| **Name of Intake worker:** |  | | |
| **Response or recommendation from Child protection worker:** |  | | |
| **Parents/Caregivers notified?** | Yes 🞏 or No 🞏 (if no, provide reasons why) | | |

Notifier’s details (optional)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  |

***Please provide a copy of this form to the Principal as soon as possible for student’s file.***