

## 23b. SIGNIFICANT INCIDENT AND/OR CHILD PROTECTION REFERRAL FORM

This form must be completed as soon as possible after receiving information that causes concern about the welfare or protection of a child. The form must be passed to the RCCC as soon as possible after completion; do not delay by attempting to obtain information to complete all sections.

Complete **Part A** of this form if the concerns relate to the general welfare of a child.

Complete **Parts A and B** if the concerns relate to possible child abuse.

### PART A - where there are concerns about the general welfare of a child

#### 1. CHILD'S DETAILS

Child's Name:	
Date of Birth:	
Address:	
Telephone Contact:	
Child's Ethnicity:	
Child's Preferred Language:	
Is an Interpreter Required?	<b>YES / NO</b> (delete as appropriate)
Is the child affected by disability?	<b>YES / NO</b> (delete as appropriate) If yes, give details: _____ _____ _____

#### 2. DETAILS OF PERSON RECORDING CONCERNS

Name:	
Position/Role:	
Address:	
Telephone Contact:	

## DETAILS OF INCIDENT GIVING RISE TO CONCERNS

(Record details including date, time, location, nature of concerns)

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## 3. DETAILS OF ANY WITNESSES

(Record names, addresses and telephone contacts)

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## 4. DETAILS OF INJURIES

(Record all injuries sustained, location of injury and action taken)

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## PART B - where there are concerns about possible child abuse

### 5. DETAILS OF PERSON ABOUT WHOM THERE IS A CONCERN

Name:	
Relationship to Child:	
Address:	
Telephone Contact:	

**6. DETAILS OF CONCERNS**

(Continue on a separate sheet if necessary)

**7. DETAILS OF ANY ACTION TAKEN**

**8. DETAILS OF AGENCIES CONTACTED**

(Record date, time, name of person contacted and advice received)

**9. HAVE THE CHILD'S PARENTS BEEN INFORMED? YES / NO (delete as appropriate)**

If yes, record details:

**10. CHILD'S VIEWS ON THE SITUATION (IF EXPRESSED)**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

