



### Form 3 - Child concern referral

If you require assistance completing this form, contact the Safeguarding Coordinator on **0408 018 682**.

If you have concerns for the immediate safety or wellbeing of this child/children, please contact Police - 000; Child Protection Office - 9222 2555 or Crisis Care Unit - 9223 1111 (Country Free call 1800 199 008) to discuss your concerns. **Please attach any additional information.**

#### 1. Date, time, method of disclosure/concern

Date of Disclosure	
Time of Disclosure	
How was information received? Telephone; Letter; Email; In person	

#### 2. Details of person making the disclosure/concern

Name	
Address	
Phone number / s	
Email	
Relationship to child or alleged victim	

#### 3. Details of child or alleged victim

Name	
DOB	
Address	
Phone number / s	
Language	
Interpreter required (Y/N)	
Disability	
Special needs (Y N)	
Parish	



**4. Parent/Carer details (where appropriate)**

Name	
Phone number/s	
Address	
Is he/she aware of the allegation, suspicion or complaint? (Y/N)	

**5. Details of alleged perpetrator**

Name	
Phone number/s	
Address	
Relationship to child / victim	
Position in Church (if applicable)	
Current contact with children, if known (e.g. member of the Board of Management of school, youth activities etc.)	
Additional information	

**6. Details of concern, allegation or complaint.**

Include dates/times and location of the incident(s) and witnesses, if known.



Does the child/victim know this referral is being made? (Y/N)	
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**7. Action taken - civil authorities (WA Police / Department for Child Protection)**

Has the matter been referred to the civil authorities? (Y/N)	
If yes, date & time	
If no, explain why not	
To whom was it referred? Organisation name	
Contact person	
Designated position	
Address	
Phone number / s	
Email	

**8. Action taken - Church staff**

Has the matter been referred to a member of the Church? (Y/N)	
If yes, date & time	
If no, explain why not	
To whom was it referred? Contact person	
Designated position	
Address	
Phone number & email	



### 9. Next steps

What action was agreed to, and by whom, when the matter was referred to the Diocese of Broome Safeguarding Office or civil authority?

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Are there any immediate child protection concerns? If so, please record what they are and state what action has been taken and by whom to address them.

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### Details of person completing this form, if different from the person making the disclosure

Name	
Address	
Phone number / s	
Email	
Relationship to child or victim	
Date & Time	Signed

Parish Safeguarding Officers and Clergy, please retain this form in parish records and forward a copy to:

Aidan Mitchell

Diocese of Broome – Safeguarding Coordinator

tel: 0408 018 682

email: [Safeguarding@broomedioocese.org](mailto:Safeguarding@broomedioocese.org)