

**SIGNIFICANT INCIDENT FORM
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 ***Child Protection Coordinator*** 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.

1. CHILD'S DETAILS

Child's Name:

Date of Birth:

Address:

Telephone Contact:

Child's Ethnicity:

Child's Preferred Language:

Is an Interpreter Required? **YES / NO**

Is the child affected by disability? **YES / NO** If yes, give details:

2. DETAILS OF PERSON RECORDING CONCERNS

Name:

Position/Role:

Address:

Telephone Contact:

3. DETAILS OF INCIDENT GIVING RISE TO CONCERNS

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

4. DETAILS OF ANY WITNESSES (Record names, addresses and telephone contacts)

5. DETAILS OF INJURIES (Record all injuries sustained, location of injury and action taken)

PART B where there are concerns about possible child abuse

6. DETAILS OF PERSON ABOUT WHOM THERE IS A CONCERN

Name:

Relationship to Child:

Address:

Telephone Contact:

7. DETAILS OF CONCERNS (Continue on a separate sheet if necessary)

8. DETAILS OF ANY ACTION TAKEN

9. DETAILS OF AGENCIES CONTACTED

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

10. Have the child's parents been informed? YES / NO (delete as appropriate)

If yes, record details:

11. Child's views on situation (if expressed)

Signed:

Date:

Print Name:

Position: