

WCBA Forms – Child Safety Incident Report Form



This Child Safety Incident Report Form is to be used for ALL child safety incidents, including any Child Abuse Incident or Allegation Abuse Incident or Allegation

If you believe a child is at immediate risk or abuse, please phone 000.

Childs Details:

Child Name:
Parent / Guardian Name:
Gender:
Age:
DOB:
Team:
Club:

Child Safety Incident type (tick all that apply)

<input type="checkbox"/>	Physical abuse	<input type="checkbox"/>	Breach of Code of Conduct
<input type="checkbox"/>	Grooming	<input type="checkbox"/>	Suspicion of potential harm to a child Breach of duty of care
<input type="checkbox"/>	Neglect	<input type="checkbox"/>	Potential abuse by or criminal matters involving an adult/parent/coach
<input type="checkbox"/>	Emotional or Psychological abuse	<input type="checkbox"/>	Breach of child confidentiality
<input type="checkbox"/>	An episode of severe challenging behaviour	<input type="checkbox"/>	Potential harm to a child resulting from harassment/bullying
<input type="checkbox"/>	Suspicion or allegation of abuse or neglect of a child	<input type="checkbox"/>	Other complaint

Details of Incident

Date of Incident
Location Incident
Person making report:
Role & relationship to child:
Details of Incident: (Please describe the incident fully, including behaviour, sighted injury or other indicators of abuse, conversations with the child etc)

Details of other persons involved.

Name:
Connection with child:
Any other relevant factors:

Were there any other witnesses to the incident (circle) YES NO If yes, please provide their details below:
Full Name:
Involvement as witness:
Contact phone number:

Please circle who of the following have been informed of this incident:

Externally	Police, Child Protection, Ambulance Doctor Family/Carer Other (please specify)
Internally	Welfare Officer, Operations Manager, President Other (please specify)

Police Notification

Date:	
Time:	
Name of person notified:	
Position:	
Department:	
Contact details:	
Advice Provided:	

Child Protection Notification

Date:	
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Time:	
Name of person notified:	
Position:	
Department/region:	
Contact details:	
Advice Provided:	

Has the parent been informed of the incident: Yes or No

If yes, please provide relevant details of conversation:
E.g. (information provided, reactions, concerns)

If no, please explain why:
Please provide any additional comments:

Acknowledgement of form completion

I have completed this form to the best of my knowledge and ability.

Name:
Position:
Signed:
Date:

Privacy Disclaimer

Whittlesea City Basketball Association acknowledges and respected the privacy and confidentiality of all its staff, players, volunteers, coaches, and patrons. The information being collected is for the purposes of obtaining details of and assessing the incident in question. Information disclosed on this form may be passed on to the appropriate authorities, as required. By signing this form, you have consented to this information being collected, used, and disclosed for the purposes it intended. You have the right to access and alter personal information concerning yourself in accordance with the Commonwealth.

Privacy Act (amended 2001) and Basketball Victoria's Basketball Policy Privacy policy.