



Responding to the Emergency

<p>Did the child require First Aid? Provide details if "yes".</p>	
<p>Who administered this? (Name and Title)</p>	
<p>Did the child require further immediate medical assistance?</p>	
<p>Current location and safety status: <i>(e.g. Are all impacted students safe and not in any immediate danger? If a child is in immediate danger, school staff should report immediately to Police on 000)</i></p>	



Name of Person(s) Completing This Form

Name:	
Contact details:	
Relationship to child(ren):	

Name:	
Contact details:	
Relationship to child(ren):	

Staff Member Leading the Response

Name:	
Role:	
Location:	
Relationship to child/ren	



Incident Details

Date of incident:	
Time of incident:	
Location of incident:	
Name(s) of child(ren) involved:	
Name(s) of staff/volunteer involved:	

Incident Category

Physical abuse

Sexual abuse

Sexual exploitation

Grooming

Emotional or psychological abuse

Neglect

Exposure to family violence

Peer to peer event

Code of Conduct and/or Policy Breach



Incident Description

When did it take place?	
Who was involved?	
What did you see?	
Protective action taken?	
Other information	



Child/ren Details

First Name:		Family Name:			
DOB:		Sex:			
Address:					
Suburb:		State:	Postcode:		
Does the child identify as (✓ relevant response):					
CaLD	<input type="checkbox"/>	Aboriginal or Torres Strait Islander	<input type="checkbox"/>	Having a disability	<input type="checkbox"/>

First Name:		Family Name:			
DOB:		Sex:			
Address:					
Suburb:		State:	Postcode:		
Does the child identify as (✓ relevant response):					
CaLD	<input type="checkbox"/>	Aboriginal or Torres Strait Islander	<input type="checkbox"/>	Having a disability	<input type="checkbox"/>

First Name:		Family Name:			
DOB:		Sex:			
Address:					
Suburb:		State:	Postcode:		
Does the child identify as (✓ relevant response):					
CaLD	<input type="checkbox"/>	Aboriginal or Torres Strait Islander	<input type="checkbox"/>	Having a disability	<input type="checkbox"/>



Adult/s Details

Name of staff/volunteer/contractor involved in the incident: N/A

First Name:		Family Name:	
Position:		Department/ Team:	
Email:		Phone (direct):	
Date:		Time:	

Name(s) of person(s) who witnessed or is aware of the incident: N/A

First Name:		Family Name:	
Position:		Department/ Team:	
Email:		Phone (direct):	
Date:		Time:	

First Name:		Family Name:	
Position:		Department/ Team:	
Email:		Phone (direct):	
Date:		Time:	



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121-123 St Georges Rd, Fitzroy North

Name(s) of parent/ guardian of child(ren) involved in the incident: N/A

First Name:		Family Name:			
DOB:		Sex:			
Address:					
Suburb:		State:	Postcode:		
Does the parent identify as: (✓ relevant response):					
CaLD	<input type="checkbox"/>	Aboriginal or Torres Strait Islander	<input type="checkbox"/>	Having a disability	<input type="checkbox"/>

** If address is different from the child*

First Name:		Family Name:			
DOB:		Sex:			
Address:					
Suburb:		State:	Postcode:		
Does the parent identify as: (✓ relevant response):					
CaLD	<input type="checkbox"/>	Aboriginal or Torres Strait Islander	<input type="checkbox"/>	Having a disability	<input type="checkbox"/>

** If address is different from parent/ guardian listed above*



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Reporter's Details

Name:	
Contact details:	
Relationship to child/ren:	

Incident Reporter Wishes to Remain Anonymous?

(Mark with an 'X' as applicable)

Yes No



Action Taken

Has the Incident been reported externally?

YES N/A

External Agency	Contact name	Date	Time	Agency Reference Number
Child Protection (1300 655 795 or after hours 13 12 78)				
Police (000)				
Other Regulatory Body (please specify e.g. Dept. of Education, CCYP etc)				
Report Details:				
Notification Required:		Yes		No
Rationale:		Outcome (if/ when known):		

If no, please report immediately



Has the incident been reported internally?

YES N/A

Role	Name	Date	Time	Signature
Child Safe Officer				
Principal				
CLV Child Safe Officer				
Name of staff member managing the complaint:				
Contact details:	Email:		Phone:	
Internal Reference (if applicable):		Document Storage Reference:		

Contacting parents/carers

YES NO

Have you sought advice from DHHS, DET or Victoria Police?	YES	NO	Date/Time	Contact Name

Is it appropriate to	YES	NO	Rationale



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contact parents or carers?			
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If contacting parents/carers:

Name of staff member making the call?	
Name of parent/carer receiving the call?	
Discussion outcomes	



TO BE COMPLETED BY THE CHILD SAFE OFFICER

Does the incident meet the threshold for Reportable Conduct? YES NO

Has it been reported to the principal/CLV? YES NO

If not, please report ASAP

Report to:	Contact Name	Date	Time	Agency Reference Number
Internally to Principal/CSO				
Internally to CLV Child Safe Officer				
Reportable Conduct Scheme (CCYP) 1 st contact				
Reportable Conduct Scheme (CCYP) 2 nd contact				
Other				
Report Details:				
Next Steps:				



What follow-up action is required?

Role	Rationale	Due date	Outcome (if/ when known)
External Investigation <i>(wait until outcome of police investigation)</i>			
Internal investigation			
Review of Polices & Procedures			
Risk Assessment Review			

Further Information

Contact the Child Safe Officer on:

Email: feketeilona49@gmail.com

Mobile: 0478675221