This form is to be used to report all child safety and wellbeing incidents including any child abuse incident or allegation

***If you believe a child is at immediate risk of abuse you should call 000***

***to make a report.***

\*Please submit your completed form to [welfare@blackburnvikings.com](mailto:welfare@blackburnvikings.com)

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| **CHILD DETAILS:** |
| Child Name: |
| Gender: Age: Date of birth: |
| Team: |
| Parent/Guardian Name: |

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD SAFETY INCIDENT TYPE (tick all that apply)** | | | |
|  | Physical abuse |  | Sexual abuse |
|  | Emotional or psychological abuse |  | Grooming |
|  | Neglect |  | Breach of Code of Conduct |
|  | Suspicion or allegation of abuse and/or neglect and/or potential harm |  | Potential harm to a child resulting from bullying and/or harassment |
|  | Breach of child confidentiality |  | Breach of duty of care |
| Other complaint: | | | |

|  |  |
| --- | --- |
| **DETAILS OF INCIDENT** | |
| Date of incident: |  |
| Place of incident: |  |
| Person making report: |  |
| Relationship to child: |  |
| **Please provide details of the incident including behaviour, any visual injuries or other indicators of abuse, any conversations with the child etc** | |
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| **DETAILS OF OTHER PERSONS INVOLVED** | |
| Name (if known): |  |
| Connection to child (if known): |  |
| Provide any witness details (if any) inc name and contact number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **WHO HAS BEEN INFORMED OF THIS INCIDENT** | | | |
|  | Police |  | Child Protection |
|  | Ambulance |  | Doctor |
|  | Family/Carer |  | Child Safety Officer |
|  | Parent |  | Other |

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| **ACKNOWLEDGEMENT** |
| I acknowledge that I have completed this form to the best of my knowledge and ability based on my observations. |
| Signed: |
| Name: |
| Date: |

**Privacy Disclaimer**

Blackburn Vikings Basketball Association acknowledges and respects the privacy and confidentiality of all its staff, players, volunteers and coaches. The information being collected is for the purposes of obtaining details of and assessing the incident in question. Any information disclosed in this form may be passed onto the appropriate authorities as required. By signing this form, you have consented to this information being collected, used and disclosed for the purposes it is intended. You have the right to access and alter personal information concerning yourself in accordance with the Commonwealth Privacy Act (amended 2001) and the Basketball Victoria Privacy policy.