



**Eltham Wildcats Basketball Club
Child Safety and Wellbeing Incident Report Form**

This form is to be used to report **ALL** child safety and wellbeing incidents, including any **Child Abuse Incident or Allegation** (please complete as much as possible)

If you believe a child is at immediate risk of abuse phone 000

Child details (please complete as much as possible)		
Child Name:		
Parent/Guardian Name:		
Gender:	Age:	DOB:
Team:		
Club:		

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

Details of incident			
Date of incident:		Location incident occurred:	
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 – if known.	
Connection with the child – if known	
Any other relevant factors:	
Were there any other witnesses to the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide their details below:	
Full name	
Involvement as witness	
Contact phone number	

Please tick who of the following have been informed of this incident:	
Externally	Police <input type="checkbox"/> Child Protection <input type="checkbox"/> Ambulance <input type="checkbox"/> Doctor <input type="checkbox"/> Family / Carer <input type="checkbox"/> Other (please specify) <input type="checkbox"/> _____
Internally	Child Safety and Wellbeing Officer (please specify):

Police			
Date:		Time:	
Name of person notified:		Position:	
Department / region:		Contact detail/s:	
Advice provided:			
Child Protection			
Date:		Time:	
Name of person notified:		Position:	
Department / region:		Contact detail/s:	
Advice provided:			

Has the parent been informed of the incident: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide relevant details of conversations:	<i>E.g. (information provided, reactions, concerns and admissions)</i>
If no, please explain why:	

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:

Eltham Basketball Club acknowledges and respects 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 Eltham Basketball Club’s Privacy policy.