



Child Protection Concern Referral Form

(not to be used by mandatory reporters to report sexual abuse that is occurring or has occurred after 1 January 2009)

If you have concerns for the immediate safety or wellbeing of this child/ren please contact the local district office or Crisis Care Unit to report your concerns

(Please attach any additional information not included in this form)

District Name:

Name: **Fax:**

Phone: **Organisation:**

Email: **Date of referral:**

Child/ren Details

| Surname | First name | DOB/ Age | Address | Contact Phone | ATSI/CaLD |
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Parents/ Carers

| Name | Relationship to child/ren | DOB/ Age | Address | Contact Phone | ATSI/CaLD |
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What is your involvement with the family?

How long have you known the family?

Are there any other services involved with the family?

What is the Reason for Referral?

What has happened to the child/ren that worries you? (What happened, what did you see, who told you or what did the child say, is this the first time, are there any injuries- where, what size/ colour? etc)

Have you discussed your concerns with the Family? Are they aware of this referral? If yes how did they respond and if no, why?

Who do you believe is responsible for causing the harm?

What is your expectation of the Department for Child Protection and Family Support in response to your concerns?

What are you worried will happen to the child/ren if no one takes action?

What do you think is going well for this family and/or child/ren?

What do you need to see happen to be satisfied the child/ren will be safe in the future?

