

# Student Protection Reporting Form



The Student Protection Reporting Form is to be used in **all instances** where a person becomes aware of, or reasonably suspects that a student has suffered, is suffering, or is at unacceptable risk of suffering abuse and/or harm.

Generally, the types of abuse can be summarised as:

**Sexual Abuse**  
**Emotional or Psychological Abuse**  
**Physical Abuse**  
**Neglect**



These types of abuse can cause the following types of harm to a student:

**Physical Harm**  
**Psychological Harm**  
**Emotional Harm**

*This form is to be used **even if** there is a parent able and willing to protect the student from harm.*

**Date of Report**

Enter a date.

**PART A:** The following sections to be completed by the person making this report: *(include as much detail as possible based on the information known)*

## TYPE OF REPORT

- |  |  |
|--|--|
| <input type="checkbox"/> Sexual Abuse                              | <input type="checkbox"/> Likely Sexual Abuse                   |
| <input type="checkbox"/> Significant Harm                          | <input type="checkbox"/> Unacceptable Risk of Significant Harm |
| <input type="checkbox"/> Emotional/Psychological Abuse and/or Harm | <input type="checkbox"/> Physical Abuse and/or Harm            |
| <input type="checkbox"/> Physical Abuse and/or Harm                | <input type="checkbox"/> Neglect                               |

This form includes harm, however caused, including self-harm

## DETAILS OF THE PERSON MAKING THIS REPORT (The "First Person")

Name	Enter Name.	Position/Role	Enter Position
School/Workplace	Click or tap here to enter text.		
Address	Click or tap here to enter text.		
Suburb	Suburb.	State	State
Postcode	PC	Phone	Phone

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## STUDENT AND FAMILY DETAILS

### DETAILS OF THE STUDENT SUBJECT OF THIS REPORT

Name	Click or tap here to enter text.						
D.O.B.	D.O.B.	Age	Age	Gender	Gender	Year Level	Year
Residential address	Click or tap here to enter text.						
Suburb	Suburb.	State	State	Postcode	PC	Phone	Phone
Does the student have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Type/nature of disability:		Type of disability		
Impact of disability on interview process:	Click or tap here to enter text.						
Cultural Background	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Other – please specify:			Other	
Does the student speak English?	Please Select		If no, please specify language:			Other	
Is an interpreter required?	Please Select						

### PARENT/GUARDIAN DETAILS

#### Parent 1

Parent/Guardian name	Parent/Guardian Name.	Relationship to student	Relationship		
Address (if different from student)	Click or tap here to enter text.				
Suburb	Suburb	State	Choose an item.	Postcode	Postcode
Phone (Home)	Home Phone	(Work)	Work Phone	(Mobile)	Mobile Phone

#### Parent 2

Parent/Guardian name	Parent/ Guardian Name	Relationship to student	Relationship		
Address (if different from student)	Click or tap here to enter text.				
Suburb	Suburb	State	Choose an item.	Postcode	Postcode
Phone (Home)	Home Phone	(Work)	Work Phone	(Mobile)	Mobile Phone

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FURTHER DETAILS ABOUT THE HOUSEHOLD (IF KNOWN)			
Name	Age	Gender	Relationship to Student
Click or tap here to enter text.	Age	Gender	Click or tap here to enter text.
Click or tap here to enter text.	Age	Gender	Click or tap here to enter text.
Click or tap here to enter text.	Age	Gender	Click or tap here to enter text.
Click or tap here to enter text.	Age	Gender	Click or tap here to enter text.

## ALLEGATION DETAILS

### ALLEGATION MADE AGAINST (if more than one person is reported please attach on additional page)

Name	<input type="text" value="Name"/>	Age	<input type="text" value="Age"/>	Gender	<input type="text" value="Gender"/>
Address	<input type="text" value="Click or tap here to enter text."/>				
Suburb	<input type="text" value="Suburb."/>	State	<input type="text" value="State"/>	Postcode	<input type="text" value="PC"/>
Phone	<input type="text" value="Phone"/>				
Relationship to student subject of this report	<input type="text" value="Click or tap here to enter text."/>				

Is the allegation against a staff member or volunteer?

☐ Yes

☐ No

Type of abuse (tick as many as apply) ☐ Physical Abuse ☐ Neglect ☐ Sexual abuse ☐ Emotional/psychological abuse

Type of harm (tick as many as apply) ☐ Physical Harm ☐ Emotional Harm ☐ Psychological Harm

### DETAILS OF THE BASIS FOR THE FIRST PERSON BECOMING AWARE OR REASONABLY SUSPECTING THAT THE STUDENT HAS BEEN ABUSED OR HARMED

Date of allegation/disclosure/suspicion	<input type="text" value="Click or tap here to enter text."/>
How and where was the allegation/disclosure made or suspicion formed? Eg disclosure, observation, information from another person	<input type="text" value="Click or tap here to enter text."/>

What concerns have led you to form a reasonable suspicion of abuse or significant harm? (include as much information as possible, including: what happened, where did it happen, when did it happen, who was involved)

What have you noticed about the student's appearance and/or behaviour?

Does the student have a current physical injury or have they experienced a physical injury as a result of the incidents?

Yes ☐

No ☐

Unknown ☐

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If yes please provide details and describe the injury:

Click or tap here to enter text.

If yes to physical injury, did the student require medical treatment or does the child require medical treatment? Yes ☐ No ☐ Unknown ☐

If yes, was/has medical treatment been provided to the student? Yes ☐ No ☐ Unknown ☐

If yes, provide details of what treatment has or is being provided:

Click or tap here to enter text.

Are there any immediate safety concerns for the student? Yes ☐ No ☐ Unknown ☐

If yes, provide details of the immediate safety concerns:

Click or tap here to enter text.

## DETAILS OF PERSONS WHO MAY HAVE FURTHER INFORMATION AROUND ALLEGED ABUSE OR HARM (if more than one person please attach on additional page)

Name	<input type="text"/>	Age	<input type="text"/>	Gender	<input type="text"/>
Address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Relationship to student subject of this report	<input type="text"/>				
Email address (if known:)	<input type="text"/>				

### PART B:

The following sections to be completed by the Principal/Director of the Governing Body:

### ADDITIONAL INFORMATION

#### CURRENT OR PREVIOUS ORDERS AND INTERVENTION

Family Court Order? Yes ☐ No ☐ Unknown ☐

Details

Domestic Violence Order? Yes ☐ No ☐ Unknown ☐

Details

Child Protection Order? Yes ☐ No ☐ Unknown ☐

Details

Departmental Intervention? Yes ☐ No ☐ Unknown ☐

Details

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Previous Student Protection Reports?

Yes ☐ No ☐ Unknown ☐

Details

Click or tap here to enter text.

Referral to Support Service?

Yes ☐ No ☐ Unknown ☐

Details

Click or tap here to enter text.

**Are there any risk factors which may be impacting negatively on the student or family?** For example: domestic violence, alcohol/substance misuse, disability, mental health instability, physical/intellectual disability

Yes ☐ No ☐ Unknown ☐

**If yes provide details:**

Click or tap here to enter text.

**Is the parent/caregiver aware of the concerns?**

Yes ☐ No ☐ Unknown ☐

**If yes provide details:**

Click or tap here to enter text.

**What other services or supports are currently in place to support the student and their family (if known)?**

Click or tap here to enter text.

**Any other relevant information:**

Click or tap here to enter text.

## DETAILS OF THE PERSON MAKING THIS REPORT (The "First Person")

Name	<input type="text" value="Name"/>	Position/Role	<input type="text" value="Position"/>
School/Workplace	<input type="text" value="School/Workplace"/>		
Address	<input type="text" value="Click or tap here to enter text."/>		
Suburb	<input type="text" value="Suburb."/>	State	<input type="text" value="State"/>
		Postcode	<input type="text" value="PC"/>
		Phone	<input type="text" value="Phone"/>
Email Address:	<input type="text" value="Click or tap here to enter text."/>		

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## REPORT SENT TO

1. **Principal of Brigidine College Indooroopilly** – all allegations EXCEPT where the allegation is against the Principal

Date	
Time	
Email	
Phone No	
Contact Name	
Confirmation Received	

2. **Board Chair of Brigidine College Indooroopilly** – where the Principal is the first person in relation to an allegation of sexual abuse or likely sexual abuse of a student, **OR** where the allegation is against the Principal

Date	
Time	
Email	
Phone No	
Contact Name	
Confirmation Received	

3. **Queensland Police Service** – where the allegation is of sexual abuse or likely sexual abuse of a student

Date	
Time	
Email	
Phone No	
Contact Name	
Confirmation Received	

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4. **Department responsible for Child Safety Regional Intake Service** - where the allegation is that a child has suffered, is suffering or is at unacceptable risk of suffering significant harm and may not have a parent able and willing to protect the child from harm

Date	
Time	
Email	
Phone No	
Contact Name	
Confirmation Received	

*Once submitted to the Principal or the Board Chair this form MUST be sent, as a matter of urgency, to the Queensland Police Service and/or the Department responsible for Child Safety as required.*

For reporting an allegation of sexual abuse, suspected sexual abuse or likely sexual abuse of a student by another person; a reasonable suspicion that a child has suffered, is suffering, or is at unacceptable risk of suffering significant harm and may **not** have a parent able and willing to protect the child from harm. *Once completed and/or submitted to the Principal and/or the College Chairperson, this form MUST be sent to the Queensland Police Service and/or the Department responsible for Child Safety Regional Intake Service as required.*

This form meets the reporting requirements under sections 366 and 366A of the *Education (General Provisions) Act 2006*, section 13E of the *Child Protection Act 1999* and regulation 10 of the *Education (Accreditation of Non-State Schools) Regulation 2017*.

**End of Form**