



Form 3 - Child concern referral

If you require assistance completing this form, contact the Diocesan Safeguarding Coordinator on 08 9721 0524. If you have concerns for the immediate safety or wellbeing of this child/ren, please contact the Police on 000; Child Protection Office 9722 5000 or the Crisis Care Unit on 08 9223 1111 / Country Freecall 1800 199 008 to discuss your concerns. **Please attach any additional information.**

1. Date, time, method of disclosure / concern

Date of Disclosure	
Time of Disclosure	
How was information received? Telephone; Letter; Email; In person	

2. Details of person making the disclosure / concern

Name	
Address	
Phone number / s	
Email	
Relationship to child or alleged victim	

3. Details of child or alleged victim

Name	
DOB	
Address	
Phone number / s	
Language	
Interpreter required (Y/N)	
Disability	
Special needs (Y N)	
Parish	

4. Parent/Carer details (where appropriate)

Name	
Phone number/s	
Address	
Is he / she aware of the allegation, suspicion or complaint? (Y/N)	

5. Details of alleged perpetrator

Name	
Phone number/s	
Address	
Relationship to child / victim	
Position in Church (if applicable)	
Current contact with children, if known (eg member of Board of Management of school, youth activities etc)	
Additional information	

6. Details of concern, allegation or complaint.

Include dates/times and location of incident(s) and witnesses, if known.

Does the child/victim know this referral is being made? (Y/N)	

7. Action taken - civil authorities (WA Police / Department for Child Protection)

Has the matter been referred to the civil authorities? (Y/N)	
If yes, date & time	
If no, explain why not	
To whom was it referred? Organisation name	
Contact person	
Designated position	
Address	
Phone number / s	
Email	

8. Action taken - Church

Has the matter been referred to a member of the Church? (Y/N)	
If yes, date & time	
If no, explain why not	
To whom was it referred? Contact person	
Designated position	
Address	
Phone number / s	
Email	

9. Next steps

What action was agreed to, and by whom, when the matter was referred on to the Director Safeguarding Program or civil authority?

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Are there any immediate child protection concerns? If so, please record what they are and state what action has been taken and by whom to address them.

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Details of person completing this form, if different from the person making the disclosure

Name	
Address	
Phone number / s	
Email	
Relationship to child or victim	

Form completed

Date	Time
Print name	Signed

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO:

Diocesan Safeguarding Coordinator

T: 08 9721 0524 F: 08 9721 0588 E: safeguarding@bunburycatholic.org.au

A: Catholic Diocese of Bunbury . PO Box 2005. WA 6230