



## COME TO JESUS CHURCH RISK OF SIGNIFICANT HARM FORM

This information is to be kept strictly confidential and not to be used for any other reason except for the purpose of reporting the Risk of Significant Harm. Appropriate record keeping procedures are to be observed when filing this report.

This form should be handed to the Safe Church Concerns Person (or equivalent) and be kept securely for record keeping and follow up purposes.

*The provision of information to the Statutory Authorities for the protection of a child or young person is not a breach of confidentiality.*

### SECTION A – THE DETAILS

<b>Date of disclosure:</b>	<b>Time of disclosure:</b>
Full name:	
Contact number(s):	
Email address:	
Child/Young Person's Details	
Full name:	Date of birth:
Address (if known):	
Parent/Carer/Guardian's Details	
Full name:	
Address (if known):	
Contact number(s):	
Email address:	
Are they aware of the disclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this disclosure involve a family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

**Alleged Perpetrator's Details (if known)**

Complete as much information that you know

Full name:

Address (if known):

Contact number(s):

Email address:

Does the child know this person?

Yes

No

If yes, provide the details of the relationship:

Is this person involved in Ministry?

Yes

No

If yes, in what capacity?

Are they aware of the disclosure?

Yes

No

**SECTION B – DISCLOSURE DETAILS**

Please provide details of the concert, allegation or complaint.

Include dates, times, and location of the incident(s) as disclosed (if known).

Does the child/young person know this disclosure is being documented?

Yes

No

Safe Church Action Taken		
Does this disclosure refer to church worker misconduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this been referred to the Safe Church Concerns Person (or equivalent)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain why		
If yes, please provide details of the referral		
Date of referral:	Time of referral:	
Referred to:		
Position/Title/Role:		
Contact number(s):		
Email address:		

Child Protection Action Taken		
Does this disclosure require a report the Statutory Authorities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain why		
If yes, please provide details of the report		
Date of report:	Time of report:	
Please include advice or guidance given by the State/Territory Child Protection Authorities and attach any correspondence to this report.		

**SECTION C – FOLLOW UP/ANALYSIS**

Please provide details of follow up and action to take place.
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Form Completed	
Full name:	
Role:	
Signature:	Date:

<i>Also to be signed by the Safe Church Concerns Person (or equivalent)</i>	
Full name:	
Role:	
Signature:	Date: