

| Reporter's details | |
|---------------------------|--|
| Name | |
| Ministry role | |
| Contact details | |

| Child/vulnerable person's details | |
|--|--|
| Name | |
| Age (date of birth) | |
| Contact details (phone, address) | |
| Other information, e.g., school, language spoken, physical description of person | |

| Parent/caregiver details | |
|--|--|
| Caregiver name/aliases | |
| Age | |
| Contact details (phone, address) | |
| Other information, e.g., language spoken, physical description of person | |

Concerns for the child/vulnerable person

Record a full account of your concerns for the safety, well-being or welfare of the child or vulnerable person. Include as much detail as possible as well as relevant dates and times.

Include anything observed: Indicators | Behavioural changes | Safety concerns | Verbal comments or conversations

Your signature:

Date:

Please pass this record on to your Supervisor/Senior Minister as soon as it is completed so that a report can be made to the relevant authority, e.g., Community Services.

Keep all details confidential.

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Safe Ministry - Risk of Harm Report v3