AUSTRALIAN FELLOWSHIP OF BIBLE-BELIEVING CHURCHES

Child Safe ROH Form

CHILD SAFE RISK OF HARM REPORT FORM Confidential – For Mandatory Reporting Purposes.

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1. **REPORTER INFORMATION** (*Your Details*)
   Full Name: _____
   Role/Position: _____
   Church name & Program: _____
   Email Address: _____
   Phone Number: _____
   Date of Report: ____ / ____ / 20___

2. **CHILD DETAILS**
   Full Name: _____
   Date of Birth: ____ / ____ / 20___
   Gender: [ ] Male [ ] Female
   Current Age: _____
   Parent/Guardian Names: _____
   Parent/Guardian Contact: _____
   Home Address (*If known*):
   _____

3. **NATURE OF CONCERN** *(Tick all that apply)*

[ ] Direct disclosure made by the child

[ ] Direct disclosure made by a third party (e.g. another child, parent, Leder, other)

[ ] Observed physical signs (e.g. unexplained injuries, bruising neglect, other)

[ ] Observed behaviour signs (e.g. extreme change in behaviour, sexualised language/behaviour)

[ ] Incident/allegation involving a church staff member or volunteer (Reportable Conduct)

4. **DETAILS OF THE ALLEGED INCIDENT / DISCLOSURE**
   Date of Disclosure: ____ / ____ / 20___
   Time of Disclosure: _____ : _____ [AM/PM]
   Location where disclosure occurred: _____
   Persons present during disclosure: _____
   Factual Description:
   _____
   _____
   _____
   _____
   _____
   _____

5. **THE CHILD'S DISCLOSURE (VERBAL RECORD)**
   Record the child's exact words. Do not interpret, edit, or paraphrase. Attach extra pages if required.

   _____
   _____
   _____
   _____
   _____

6. **OBSERVATIONS & ADDITIONAL CONCERNS**
   Describe physical signs, injuries, behavioural changes, or emotional state. Be factual and objective. Do not include personal opinions or assumptions.

   _____
   _____
   _____

7. **DETAILS OF THE ACCUSED PERSONS** *(If applicable/known)*
   Full Name: _____
   Relation to Child:_____
   Is this person a Church Staff Member of volunteer? [ ]Yes [ ] No Unknown [ ]

8. **IMMEDIATE ACTION TAKEN** *(Risk Assessment/Management)*
   Was immediate medical attention required? [ ] Yes [ ] No
   Were emergency services called (000)? [ ] Yes [ ] No
   Police incident number (*If ticked Yes)*_____
   Describe immediate safety measures put in place for the child:

   _____
   _____
   _____

9. **REPORTER SIGNITURE CONSENT** *(Consent Declaration – Please tick and sign)*
   [ ] I understand that the AFBC/Church has a **legal obligation** under **NSW law** to report concerns regarding the safety and well-being of children. We are legally required to report this to child protection authorities.
   [ ] I understand that my information and statements will be recorded and may be shared with the NSW Department of Communities and Justice (Child Story Reporter) or emergency services (Police) if a risk of harm is identified. A mandatory report must be filed immediately, even if consent is withheld.
   [ ] I consent to the collection and handling of this information for the purpose of ensuring child safety. The information collected on this form is strictly confidential. It will only be disclosed to authorised child protection authorities, emergency services, or designated safeguarding staff within AFBC/Church.

Name: _____

Signature: _____ **Date:** ____ / ____ / 20___

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Child Safety Officer Process

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10. CHILD SAFETY OFFICER *(only to be filled in by child safety officer)*

Was the NSW Mandatory Reporter Guide completed? [ ] Yes [ ] No
Did the MRG result meet the ROSH threshold? [ ] Yes [ ] No
Internal Supervisor (Elder or Senior Pastor) Notified: _____
Date/Time: ___/___/20___ ___:___
Child Protection Helpline Contacted (132 111): [ ] Yes [ ] No
Helpline Reference Number: _____ Date/Time: ___/___/20___ ___:___
ChildStory eReport Reference Number: _____ Date/Time: ___/___/20___ ___:___

11. REPORTER SIGNATURE ----------

Signature of Reporter: _____ Date: ____ / ____ / 20___
Signature of Child Safety Officer: _____ Date: ____ / ____ / 20___
Signature of Supervisor (Elder or Senior Pastor): _____ Date: ____ / ____ / 20___