

# Student Protection Reporting Form

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, this form **MUST** be sent to the Queensland Police Service and/or the Department of Child Safety, Youth and Women Regional Intake Service as required.

This form meets reporting requirements under sections 366/366A of the *Education (General Provisions) Act 2006*, section 13E of the *Child Protection Act 1999*, *Child Protection Regulation 2023* and regulation 16 of the *Education (Accreditation of Non-State Schools) Regulation 2017*.

## Date of Report

**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

Sexual Abuse

Likely Sexual Abuse

Significant Harm

Unacceptable Risk of Significant Harm

### Details of the Person Making this Report (The "First" Person)

Name

Position/Role

School/Workplace

Address

Suburb

State

Postcode

Phone

### STUDENT AND FAMILY DETAILS

#### Details of the Student Subject of this Report

Name

DOB

Age

Year Level

Gender

Residential Address

Suburb

State

Postcode

Phone

Does the Student have a Disability?      Yes                      No

Type/Nature of Disability

Impact of Disability on Interview Process

Cultural Background:    Aboriginal                      Torres Strait Islander

Other - Please Specify

Does the Student Speak English?    Yes                      No

If No, Please Specify Language

Is an Interpreter Required?    Yes                      No

### Parent/Guardian Details

#### Parent 1:

Parent/Guardian Name    Relationship to Student

Address (if different from student)

Suburb    State    Postcode

Phone (Home)    (Work)    (Mobile)

#### Parent 2:

Parent/Guardian Name    Relationship to Student

Address (if different from student)

Suburb    State    Postcode

Phone (Home)    (Work)    (Mobile)

**FURTHER DETAILS ABOUT THE HOUSEHOLD (if known)**

Name	Age	Gender	Relationship to Student

**ALLEGATION DETAILS:**

**Allegation Made Against:** (if more than one person is reported please attach on additional page)

Name                      Age                      Gender

Address

Suburb                      State                      Postcode

Phone

Relationship to Student Subject of this Report

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

How and where was the allegation/disclosure made or suspicion formed? E.g. disclosure, observation, information from another person.

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

If yes, please provide details and describe the injury.

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:

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

If yes, provide details of the immediate safety concerns:

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

Name                                  Age                                  Gender

Address

Suburb                                  State                                  Postcode

Phone

Relationship to Student Subject of this Report

Email Address (if known)

**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

**Previous Student Protection Reports?**    Yes                  No                  Unknown

Details

**Referral to Support Service?**      Yes                  No                  Unknown

Details

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:

Is the parent/caregiver aware of the concerns?

Yes                      No                      Unknown

If yes, provide details:

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

Any other relevant information:

**DETAILS OF THE PERSON making this report (the "First" person)**

Name    Position/Role

School/Workplace

Address

Suburb    State    Postcode

Phone

Email Address

**REPORT SENT TO:**

**Details**

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

Department of Child Safety, Youth and Woman  
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

Director of the Governing Body – 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 Report Submitted**

**Important Notice:**

*Once submitted to the Principal or Director of the Governing Body this form MUST be sent, as a matter of urgency, to the Queensland Police Service and/or the Department of Child Safety, Youth and Woman as required.*