

Aquatic Achievers Safeguarding Children and Young People Incident Report Form

Responsible Officer: General Manager

Document History

Key Changes	Prepared By	Checked By	Approved By	Date
V1. Template update to comply with ACF standards	Rob M		Rob M	30.04.22
V2. Corrected the email address	Rob M		Rob M	29.11.22

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Incident Report Form

This form must be used to record details of any:

- Incidents, allegations, disclosures, or reasonable concerns in relation to abuse or neglect of a child or young person, either by team member within our organisation or by others
- Breaches or actions of other team members within our organisation that contravenes our policies and procedures, such as outlined in our Code of Conduct and Safeguarding Children and Young People Code of Conduct

Child / Young Person Name:	
Date of incident:	Site/location where incident occurred:
Person making report:	Role and relationship to child / young person:

Type of	Type of incident (tick all that apply):					
	Suspicion or allegation of abuse or neglect of child/young person		Breaches of Code of Conduct			
	Suspicion of potential harm to a child/young person		Breach of Safeguarding Children policies			
	A critical incident as defined in the Safeguarding Children and Young People Incident Management policy		Potential abuse by or criminal matters involving an employee			

Details of the child/young person affected by the incident.

[A separate Incident Report Form should be completed for each child]

Full name		
Date of birth		
Gender		
Any access, communication, medical or cultural		
requirements		
Parent/care giver name		
Parent/care giver contact phone	(Mobile)	(Other)
Parent/care giver address		
Any known parent/carer access, communication, medical or cultural requirements		

Details of other persons involved

Other children and young people			
Were there other children and young people present? If yes, please provide their details below:	YES	NO NO	
Name:			
Has a separate incident report form been completed for this child/young person? If no, please provide reasons why:	YES	NO NO	

Alleged perpetrator(s) details:	
Name (if known)	
Connection with child/young person (if known)	
Any other relevant factors	

Witness details:			
Were there any other witnesses to the incident?	YES	10	
If yes, please provide their details below.			
Full name			
Involvement with witness			
Contact phone number			
Full name			
Involvement with witness			
Contact phone number			
Any accessibility, communication, medical or cultural requirements			

Details of incident

Please describe in as much factual details as possible about the incident including the events which lead up to the incident, sighted injury or other indicators of abuse, conversations with the child/young person, alleged perpetrator/s behaviour.

Action undertaken (if any)

To ensure the safety if the child/young person:	
To address the support needs of the child/young person and their family:	
To address the support needs of the alleged perpetrator:	
To address the support needs of other team members involved:	
Other children/young people involved:	
Any others involved?	

Incident response

Please tick who of th	ne following have been informed of the	incident:
Externally	Police	
	Child Protection	
	Ambulance	
	Doctor	
	Family / Care Giver	
	Reportable Conduct Authority	
	Working with Children Authority	
Internally	Full name of reporter:	
	Position / Title:	
	Contact details of reporter:	
	Date and time of report:	

Police

Date:	Time:	
Name of person notified	Position:	
Department/region	Contact details	
Advice provided:		
Engagement #		

Child Protection Authority

Date:	Time:	
Name of person notified	Position:	
Department/region	Contact details	
Advice provided:		
Engagement #		

Reportable Conduct Authorities

Date:	Time:	
Name of person notified	Position:	
Department/region	Contact details	
Advice provided:		
Engagement #		

Parent/Care Giver

Has the parent/care giver been informed of incident?	YES		NO	
(If appropriate) Has the parent/care giver been informed	YES		NO	
If yes, please provide relevant details of the conversation	e.g. (informa	ation provided, reaction	is, concerns, a	and admissions)
If no, please explain why:				

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Please provide details of which manager/s or other team members have been informed of the incident.		
Full name		
Position / title		
Date and time informed		
Full name		
Position / title		
Date and time informed		

Additional comments, including other reporting bodies (ACF, Case Worker)

Acknowledge of form completion

I have completed this form to the best of my knowledge and ability			
Name		Position	
Signed		Date	

Manager

I have checked that all sections of this form are complete.			
Name		Position	
Signed		Date	

Incident Report Form Record Keeping

Once this form has been completed and signed, the form is to be scanned and emailed to <u>safeguardingchildren@aquaticachievers.com.au</u>. The assigned Safeguarding Children & Young People Officer will then administer the registration and record keeping of the completed incident form in a secure channel within Teams.

Responding to Incidents – 4 Critical Actions

RESPONDING				
Responding to an INCIDENT	Responding to a DISCLOSURE	Responding to a BREACH OF POLICY		
If a child/young person is at immediate risk of harm, you MUST ensuring their safety and provide immediate support.	Listen and provide reassurance. Believe the child/young person. Record notes as soon as possible.	Provide immediate response as necessary. All breaches, however minor, must be reported and documented.		
Contact 000 emergency services if required.				



REPORTING				
Internal Reporting	External + Mandatory Reporting	Reportable Conduct and/or WWC		
All incidents and breaches of policy are to be reported to Manager.	External authorities such as police and child protection services may need to be contacted. Please refer to	Please refer to Safeguarding Children and Young People Reporting Policy (review Appendix for jurisdictional		
All incidents and breaches of policy are to be recorded on Safeguarding Children and Young People Incident Report Form	Safeguarding Children and Young People Reporting Policy (review Appendix for jurisdictional information).	information)		
Manager to categorise incidents (minor, moderate, critical) and escalate all critical incidents to General Manager	All critical incidents are to be reported to Australian Childhood Foundation (ACF) within 24 hours by the General Manager.			



SHARING OF INFORMATION

Confidentiality and Privacy

Information sharing judgements will be guided by the best interests of the child/young person and, where appropriate, guided by external authorities.

Our General Manager will advise of internal communications where breaches of policy have occurred.



SUPPORTING

Supporting

Ongoing support should be provided to those impacted by incident. Please consider accessing our EAP. Consideration should be made to cultural safety, equity, and diversity.

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Privacy Disclaimer

Aquatic Achievers acknowledges and respects the privacy of all its team members, customers, contractors, and 3rd parties (e.g., suppliers). The information being collected is for the purposes of obtaining details of and assessing the incident in question. Information disclosed on this form may be passed on to the appropriate authorities, as required. By signing this form, you have consented to the information being collected, used, and disclosed for the purposes it intended. You have the right to access and alter personal information concerning yourself in accordance with the Commonwealth Privacy Act (amended 2001) and Aquatic Achievers Privacy and Media Policy.

Review and Approval

This Safeguarding Children and Young People Incident Report Form will be reviewed every 3 years, or more frequently as required. Any significant proposed changes are to be approved by Aquatic Achievers Board and/or General Manager.

Approved by:

Rob Macfarlane General Manager

This document was reviewed and approved by the General Manager on 29.11.22.