



McKinnon Basketball Association

Child Safety Incident Report Form

This Child Safety Incident Report Form is to be used for ALL child safety incidents, including any Child Abuse Incident or Allegation

If you believe a child is at immediate risk or abuse please phone 000

Child Details		
Child Name:		
Parent / Guardian Name:		
Gender:	Age:	DOB:
Team:		
Club:		

Child Safety Incident type (tick all that apply)			
<input type="checkbox"/>	Physical abuse	<input type="checkbox"/>	Grooming
<input type="checkbox"/>	Sexual abuse	<input type="checkbox"/>	Neglect
<input type="checkbox"/>	Emotional or Psychological abuse	<input type="checkbox"/>	An episode of severe challenging behaviour
<input type="checkbox"/>	Suspicion or allegation of abuse or neglect of a child	<input type="checkbox"/>	Breach of Code of Conduct
<input type="checkbox"/>	Suspicion of potential harm to a child	<input type="checkbox"/>	Breach of duty of care
<input type="checkbox"/>	Potential abuse by or criminal matters involving an adult/parent/coach	<input type="checkbox"/>	Breach of child confidentiality
<input type="checkbox"/>	Potential harm to a child resulting from harassment/bullying	<input type="checkbox"/>	Other complaint



McKinnon Basketball Association

Child Safety Incident Report Form

Details of Incident			
Date of Incident:		Location Incident Occurred:	
Person making report:		Role & relationship to child:	
Details of Incident: (Please describe the incident fully, including behaviour, sighted injury or other indicators of abuse, conversations with the child etc)			

Details of other persons involved		
Name:		
Connection with child:		
Any other relevant factors:		
Were there any other witnesses to the incident (circle)	YES	NO
If yes, please provide their details below:		
Full Name:		
Involvement as witness:		
Contact phone number:		



McKinnon Basketball Association

Child Safety Incident Report Form

Please circle who of the following have been informed of this incident:	
Externally	Police Child Protection Ambulance Doctor Family/Carer Other (please specify)
Internally	Welfare Officer General Manager President Other (please specify)

Police			
Date:		Time:	
Name of person notified:		Position:	
Department:		Contact details:	
Advice Provided:			
Child Protection			
Date:		Time:	
Name of Person notified:		Position:	
Department/region:		Contact details:	
Advice provided:			



McKinnon Basketball Association Child Safety Incident Report Form

Has the parent been informed of the incident:		Yes	No
If yes, please provide relevant details of conversation:		Eg (information provided, reactions, concerns)	
If no, please explain why:			
Please provide any additional comments:			



McKinnon Basketball Association Child Safety Incident Report Form

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

Privacy Disclaimer

McKinnon Basketball Association acknowledges and respected the privacy and confidentiality of all its staff, players, volunteers, coaches and patrons. 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 this 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 McKinnon Basketball Associations Privacy policy.