
Standard 5**Appendix 5****Child Safe Incident Report**

School: Benalla P-12 College

Section: VRQA Child Safe

Version: One

Benalla P-12 College- Child Safe Incident Report*All incident reports must be stored securely.***Incident details**

Name of Student		Date of Birth	
Address		Phone No.	
Parents Names			
Date of incident:			
Time of incident:			
Location of incident:			
Name(s) of child/children involved:			
Name(s) of staff/volunteer involved:			

If you believe a child is at immediate risk of abuse phone 000.**Does the child identify as Aboriginal or Torres Strait Islander?***(Mark with an 'X' as applicable)*No Yes, Aboriginal Yes, Torres Strait Islander **Please categorise the incident?**

Physical violence	<input type="checkbox"/>
Sexual offence	<input type="checkbox"/>
Serious emotional or psychological abuse	<input type="checkbox"/>
Serious neglect	<input type="checkbox"/>

Please describe the incident

When did it take place?	
-------------------------	--

Who was involved?	
What did you see?	
Other information	

Parent/carer/child use

Date of incident:	
Time of incident:	
Location of incident:	
Name(s) of child/children involved:	
Name(s) of staff/volunteer involved:	

Office use:

Date incident report received:	
Staff member managing incident:	
Follow-up date:	
Incident ref. number:	

Has the incident been reported?

Child protection	
Police	
Another third party (please specify):	

Incident reporter wishes to remain anonymous?

(Mark with an 'X' as applicable)

Yes No