

## Chinese Methodist Church In Australia, EMP Inc. Risk of Significant Harm Form

*This information is to be kept strictly confidential and not to be used for any other reason except for the purpose of reporting the Risk of Significant Harm. Appropriate record keeping procedures are to be observed when filling this report.*

*The provision of information to the Statutory Authorities for the protection of a child or young person is not a breach of confidentiality.*

Date of Disclosure		Time of Disclosure	
<b>Your Details</b>			
Full name			
Contact Number(s)			
Email address			
Role / Title			
<b>Child / Young Person Details</b>			
Full Name			
Date of Birth			
Address (if known)			
Contact Number			
<b>Parent/ Carer/ Guardian Details</b>			
Is he/she aware of the disclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this disclosure involve a family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name			
Address (if known)			
Contact Number			
Comments			
<b>Alleged Perpetrator Details (if known):</b>			
<i>Complete as much information that you know.</i>			
Does the child know this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the details of the relationship			
_____			
_____			
Is this person involved in Ministry? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, in what capacity?			
_____			
_____			
Full name:			
Address (if known):			
Contact Number:			

### Disclosure Details

Please provide details of the concerns, allegation or complaint.  
Include dates/times and locations of incidents(s) as disclosed (if known).

Does the child/young person know this disclosure is being documented?  Yes  No

### Safe Church Action Taken

Does this disclosure refer to church worker misconduct?  Yes  No

Has this been referred to the designated Safe Church Contact Person?  Yes  No

**If no, explain why.**

**If yes, please provide details of the referral**

Date of referral: \_\_\_\_\_ Time of referral: \_\_\_\_\_

Referred to: \_\_\_\_\_

Position/title/Role : \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email address: \_\_\_\_\_

### Child Protection Action Taken

Does this disclosure require a report to Statutory Authorities?  Yes  No

**If no, explain why.**

**If yes, please provide details of the report**

Date of report: \_\_\_\_\_ Time of report: \_\_\_\_\_

Please include advice or guidance given by the State/territory Child Protection Authorities and attach any correspondence to this report.

**Follow Up Action Required**

Please provide details of follow up action to take place

**Form Completed**

Full name:

Role:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Also to be signed by the Safe Church Contact Person – or equivalent/Coordinator of program)*

Full name:

Role:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This form should be handed to the Safe Church Contact Person – or equivalent and be kept securely for record keeping and follow-up purposes.***