

**Form 5**

**THE ADMINISTRATION OF NORFOLK ISLAND  
CONFIDENTIAL**

**Child Welfare Act 2009**

**Except in limited circumstances described in section 45 of the *Child Welfare Act 2009*, this document is not admissible in evidence nor can any person be compelled to produce it or give evidence as to its contents.**

**Part I: Mandatory Report Form**

Name of Child/Young Person: <i>(if name not known provide a description):</i>			
Date of birth <i>(if known):</i>		Age <i>(if known or approximate)</i>	
Gender:			

**Mandatory Reporter**

In what capacity is the reporter making this report? <sup>1</sup>	Mandatory <input type="checkbox"/>	Community Member <input type="checkbox"/>
Name of person making report:		
Occupation:		
Date:		
Tel No:	Mobile:	Email:
Signature:		

- NOTE:** (1) The obligation to make a mandatory report applies to a person who is —
- (a) a medical practitioner; or
  - (b) a teacher at a school; or
  - (c) a police officer; or
  - (d) a person employed to counsel children or young people at a school; or
  - (e) a person caring for a child at a child-care centre; or
  - (f) a public sector employee who, in the course of his or her employment, provides services related to the health or wellbeing of children, young people or families.
- (2) Providing this report is made in good faith, its making is not a breach of confidence, professional etiquette or ethics or a rule of professional conduct; and no civil or criminal liability is incurred by reason only of the making of the report.

**S.41: Mandatory reporting**

- (1) This section applies to a person who is—
- (a) a medical practitioner; or
  - (b) a teacher at a school; or
  - (c) a police officer; or
  - (d) a person employed to counsel children or young people at a school; or
  - (e) a person caring for a child at a child-care centre; or
  - (f) a public sector employee who, in the course of his or her employment, provides services related to the health or wellbeing of children, young people or families.

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- (2) If— (a) an adult to whom this section applies reasonably suspects that a child or young person has suffered, or is suffering, sexual abuse or non-accidental physical injury; and  
 (b) those grounds arise during the course of or from the person’s work (whether for remuneration or otherwise);  
 the person must, as soon as practicable, report to the child welfare officer the name, or a description, of the child or young person and the grounds for the person’s suspicion.  
 Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

**S.42: Report other than in good faith**  
 A person must not make a report under section 40 or 41 other than in good faith.  
 Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

**FAMILY INFORMATION**

Parents/Carers Names:..... .....
Address:..... ..... .....
Contact Numbers:  Home:..... Mobile: ..... Email:.....

**THE REPORT**

1	This report is about <i>(please tick relevant box)</i>	A child (A <b>child</b> is a person who is under 12 years of age) <div style="text-align: center;"><input type="checkbox"/></div>	A young person (A <b>young person</b> is a person 12 years old or older but not yet 18 years of age) <div style="text-align: center;"><input type="checkbox"/></div>
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**Please fill in all relevant details to all questions**

2a	What are you reporting? <i>(tick all relevant)</i>
Sexual Abuse <div style="text-align: center;"><input type="checkbox"/></div>	Non-accidental Physical Abuse <div style="text-align: center;"><input type="checkbox"/></div>

2b	Do you consider that intervention/action by the child welfare officer or other authority is required urgently?	Yes <div style="text-align: center;"><input type="checkbox"/></div>	No <div style="text-align: center;"><input type="checkbox"/></div>	Not Known <div style="text-align: center;"><input type="checkbox"/></div>
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2c	Please state brief circumstances of your suspicion or belief: ..... ..... ..... .....
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**REPORTS OF NON-ACCIDENTAL PHYSICAL ABUSE**

3a	Has the child/young person stated that the injury was caused by a family member and that it was not accidental	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3b	If yes, please state brief circumstances		
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			

4	Has another person reported this abuse to you, to furnish this report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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5	Does this person wish to remain anonymous?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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5a	If no, please state following details		
Name of person:			
Contact details:			
Address:			
Tel No:		Mobile:	
Email:			

6	Are there any physical injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
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6a	Are they significant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
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6b	If yes, please provide brief details			
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>				

7	Are there other indicators showing the child/young person has suffered as a result of the non-accidental physical abuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
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7a	If yes, please provide brief details..... ..... ..... .....			
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**DOMESTIC VIOLENCE**

8	Is the child/young person exposed to domestic or family violence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
8a	If yes, please state brief details and/or circumstances			
..... ..... ..... .....				
9	Is there/has there been physical injury to the child/young person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
9a	If yes, please state brief details and/or circumstances			
..... ..... ..... .....				
10	Is there/has there been a serious threat to harm the child/young person adult/self?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
10a	If yes, please state brief details and/or circumstances			
..... ..... .....				
11	Is there/has there been the use of weapons and/or attempts to strangle/suffocate/kill?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
11a	If yes, please state brief details and/or circumstances			
..... ..... ..... .....				
12	What impacts have been observed in the child/young person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
12a	If yes, please state brief details and/or circumstances			
..... ..... ..... .....				

13	Is there a domestic violence order (or other court order) in effect in respect of an offender/s or alleged offender/s?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
13a	If yes, please state brief details and/or circumstances			
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.....				
.....				

14	I am aware of recent /imminent divorce or separation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
14a	If yes, please state brief details and/or circumstances			
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.....				
.....				

15	Are there issues pertaining to child custody/child custody dispute?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
15a	If yes, please state brief details and/or circumstances			
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.....				

**SEXUAL ABUSE**

16	Has another person reported this abuse to you, to furnish this report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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17	Does this person wish to remain anonymous?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
17a	If no, please state following details			
Name of person:				
Contact details:				
Address:				
Tel No:		Mobile:		Email:

18	Has the child/young person made a clear, unambiguous statement of sexual abuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
18a	If yes, please state brief details and/or circumstances			
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.....				
.....				
19	Is the child/young person pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
19a	If yes, please state brief details and/or circumstances			
.....				
.....				
.....				
20	Has the child/young person made an indirect statement of sexual abuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
20a	If yes, please state brief details and/or circumstances			
.....				
.....				
.....				
21	Does the child/young person display behaviour that causes you to have concerns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
21a	If yes, please state brief details and/or circumstances			
.....				
.....				
.....				
22	Are you aware of the child/young person having significant contact with a known sexual offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
22a	If yes, please state brief details and/or circumstances			
.....				
.....				
.....				

23	Is the child/young person displaying behaviour that is consistent with sexual abuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
23a If yes, please state brief details and/or circumstances ..... ..... ..... .....				
24	Are you aware that the child/young person has been exposed to sexually explicit material or acts including pornography and communication of sexual matters?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
24a If yes, please state brief details and/or circumstances ..... ..... ..... .....				
25	Are you concerned that the child/young person has been exposed to grooming behaviour?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
25a If yes, please state brief details and/or circumstances ..... ..... ..... .....				
26	Does the child/young person express fear, discomfort or exhibit symptoms of significant harm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
26a If yes, please state brief details and/or circumstances ..... ..... ..... .....				
27	Are you concerned that the child/young person is engaged in prostitution or pornography?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
27a If yes, please state brief details and/or circumstances ..... .....				

**OFFICIAL USE ONLY**

**PART II: Child Welfare Officer Action Plan  
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Child welfare officer to complete:

Date Received:	/ /
Case No:	

Is this child/young person known to Authorities due to previous reports?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Previous reports			
Date:	/ /	Case No:	
Date:	/ /	Case No:	
Date:	/ /	Case No:	
Date:	/ /	Case No:	

**POLICE**

Have similar reports regarding this child/young person been made to police?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state brief details and result (if known)		
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.....		
.....		

**MEDICAL PRACTITIONER**

Have similar reports regarding this child/young person been made to a Medical Practitioner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state brief details and result (if known)		
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.....		
.....		

**OTHER**

Have similar reports regarding this child/young person been made to any other mandatory reporting personnel (i.e. counsellor, teacher)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state brief details and result (if known)		
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.....		
.....		