**safe**ministry
resources

## sc0016 Safe Church Helpine contact form
## (Reporting and responding to concerns)

The form is initiated by the call from your church to the Safe Church Helpline 1800 070 511 and should be completed by the local church board, for record keeping for the Local Church for risk management and duty of care purposes.

Where SMR has not been provided with details to complete all fields in this form, we recommend that the local church completes the form for their records.

**We recommend that this form be kept permanently in a secure manner.**

## Part 1. Church details

As part of this process, we will need to pass this information to the Pastor of the church.

| Call Details | |
|---|---|
| Date of the call | |
| Time of the call | |

| Details of caller | |
|---|---|
| Name | |
| Contact details | |
| Role at church | |

| Church Details | |
|---|---|
| Church Name | |
| Church Address | |
| Pastor's name | |
| Pastor's contact details | |

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## Part 2. Details of the concern.

| Details of the aggrieved person | |
|---|---|
| Full name | |
| Age | |
| Gender | |
| Any other relevant details or issues to be aware of (e.g. cultural issue, disability, ethnicity, etc) | |
| Who does the person live with (include address and contact details) | |
| Is the person aware of this report? | |
| Is the parent/ guardian aware of this report? (Where applicable) | |
| Where is the person now? Is s/he in a place of safety and are there any immediate medical issues? | |

## Details of person subject of the allegation/information

Who is the person subject of the allegation/information?
- ☐ Church Staff
- ☐ Church Volunteer/leader
- ☐ Family member of child
- ☐ Member of congregation

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☐ Someone in the community

| Full Name | |
|---|---|
| Age | |
| Gender | |
| Address (if known) | |
| Contact number (if known) | |
| Other relevant details e.g. job position, relationship with child, etc (if known) | |

## Other relevant parties to the matter

| Full name | |
|---|---|
| Age | |
| Gender | |
| Relevant information | |

## The concern

Child protection concern:

☐ Observed/suspected by yourself
☐ Disclosure by the person
☐ Allegation made by *(name & details)*

_____

| Date(s) time(s) of incident(s) | |
|---|---|
| Location(s) of incident (if known) | |

## Details of Report

Please include the following:
- Details of the child protection concern or incident (Include what is alleged to have happened? What were the circumstances etc)
- Write down exactly what the child or other person has said (in his/her own words) and what you said (NB: Do not ask the child leading question - record actual details)
- Observations made by you (e.g. observed injures, persons perceived emotional state etc. Mark which observations are fact or opinion)

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*Attach further documentation if required*

Completed by                Date

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## Part 3. Pastoral, Legal and Organisational considerations

| Helpline | |
|---|---|
| Advice provided | |

| Pastoral considerations | |
|---|---|
| Pastoral actions implemented | |
| Advice provided | |
| Action taken | |

| Legal considerations | |
|---|---|
| Date and time Government Child Protection agency contacted (where required, include event/incident number provided) | |
| Advice provided | |
| Action taken | |
| | |
| Date and time Police contacted (where required, include event/incident number provided) | |
| Advice provided | |
| Action taken | |

| | |
|---|---|
| Date and time Reportable conduct matter reported (where required, include event/incident number provided) | 6 |
| Advice provided | |
| Action taken | |

## Organisational

| | |
|---|---|
| Date and time Insurance contacted (if applicable) | |
| Advice provided | |
| Action taken | |

| | |
|---|---|
| Risk management actions | |
| Advice provided | |
| Action taken | |

| | |
|---|---|
| Workplace investigation procedure. | |
| Advice provided | |
| Action taken | |

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*Please attach any documentation if more space required*

**Actions:** Include action taken and any continued follow-up needed.

*Please attach any documentation if more space required*