

# Notification Form – Part A

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## 1. Details of Agency

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- 1.1 Name of agency: **Catholic Education Office Lismore** Your case/ref number:
- 1.2 Type of agency:  
 Designated government agency  
 Designated non-government agency  
 Public authority (other than a designated government agency)  
 Non-government school  
 Child care centre  
 Substitute residential care service (i.e. out of home care service)
- 1.3 Nature of service provided by your agency: : **Education**
- 1.4 Does your agency have a policy or procedures specifically relating to allegations of reportable conduct against employees or members of staff?  Yes  No
- 1.5 Has your agency already supplied the Ombudsman with a copy of the most current policies or procedures?  Yes  No
- If the agency has not already supplied the Ombudsman with a copy of the most current policies or procedures, please attach.
- 1.6 Total number paid employees (include part-time/casual): **1980**
- 1.7 Percentage in child-related employment: **99%**

## 2. Head of agency details

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- 2.1 Head of agency name: **Most Rev Geoffrey Jarrett DD**
- 2.2 Position title: **Bishop of Lismore**
- 2.3 Address (Agency address: not a home address): **PO Box 1, Lismore NSW 2480**
- 2.4 Telephone: **(02) 6622 0407** Fax: **(02) 6621 9960**
- 2.5 E-mail: **chancery@lismore.catholic.org.au**

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

**If another officer of the agency is preferred as the contact for any further inquiries in relation to this notification from the Ombudsman, please also provide their details below. Unless other arrangements have been made, formal correspondence from the Ombudsman will be addressed to the nominated head of agency.**

- 2.6 Contact officer name: **Rev. Mr. Chris Wallace**
- 2.7 Position title: **Chancellor**
- 2.8 Address: **PO Box 1, Lismore NSW 2480**
- 2.9 Telephone: **(02) 6621 9980** Fax: **(02) 6621 9960**
- 2.10 E-mail: **cwallace@lismore.catholic.org.au**

**Please identify the person in your agency who is responsible for investigating the reportable allegation(s) or who is responsible for liaison with any other agency that may be investigating the reportable allegation(s):**

- 2.11 Investigating officer : **Neil Graham**
- 2.12 Position title: **Human Resources Officer**
- 2.13 Address: **C/- Catholic education Office, LISMORE NSW 2480**
- 2.14 Telephone: **(02) 6622 0422**
- 2.15 Does this notification relate to any other notification(s) you have made to the Ombudsman? If yes, provide the Ombudsman reference number(s) or other identifying details:

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### 3. Details of the person against whom the allegation has been made

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- 3.1 Does this notification contain allegations of reportable conduct against more than one employee?  Yes  No
- 3.1a If yes, how many? **(Please copy this page for each employee)**
- 3.2 Family name:
- 3.3 Given names:
- 3.4 Sex:
- 3.5 Date of birth: Place of birth:
- 3.6 Home address:
- 3.7 Home phone:
- 3.8 Position title at time allegation made:
- 3.9 Employee identification number (if relevant):
- 3.10 Current employment status with agency (tick all applicable):
- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Permanent     | <input type="checkbox"/> Casual     |
| <input type="checkbox"/> Part-time     | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Foster carer  | <input type="checkbox"/> Volunteer  |
| <input type="checkbox"/> Other (state) |                                     |
- 3.11 Current work address:
- 3.12 Work phone:
- 3.13 Is the employee aware that a reportable allegation has been made against them?  Yes  No  Unknown
- 3.13a If yes, who informed the employee:
- Your agency (name of person):
- Another agency (state which):
- Other (describe):
- Unknown:
- Date informed:
- 3.13b Is the employee aware of:
- |  |
|--|
| <input type="checkbox"/> Full details of the reportable allegation?                      |
| <input type="checkbox"/> Type of reportable conduct or broad nature only?                |
| <input type="checkbox"/> Only that there has been a reportable allegation, not the type? |
- 3.14 Has counselling or other support been offered/provided to the employee?  Yes  No  Unknown
- 3.15 If yes, what kind?
- 3.16 If no, why not?

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### 4. Details of the alleged victim(s)

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- 4.1 Does this notification contain allegations of reportable conduct upon more than one child or young person?  Yes  No
- 4.1a If yes, how many? **(Please copy and complete this page for each child)**
- 4.2 Family name:
- 4.3 Given names:
- 4.4 Sex:
- 4.5 Date of birth or current age:
- 4.6 Age of the child at the time of the alleged reportable conduct (if different from above):
- 4.7 Is the child:
- |   |                              |                             |                                  |
|---|------------------------------|-----------------------------|----------------------------------|
| Aboriginal?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Torres Strait Islander?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| From a non-English speaking background? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
- 4.8 Does the child have a disability or disorder?  Yes  No  Unknown
- 4.8a If yes, (tick all relevant and describe):
- Intellectual
  - Physical
  - Sensory
  - Behavioural
  - Other
- 4.9 Home address:
- 4.10 Home phone:
- 4.11 Is the child a state ward?  Yes  No  Unknown
- 4.12 Are the child's parents or guardians aware of the allegations?  Yes  No  Unknown  Not applicable
- 4.12a If not, why not?
- 4.12b If yes, who informed them?
- Child
  - Your agency (name of person):
  - Unknown
- Date informed:
- 4.13 Has counselling or other support been offered/provided to the alleged victim?  Yes  No
- 4.13a If yes, what kind?
- 4.13b If no, why not?

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### 5. Details of the allegation(s)

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5.1 Does this notification concern more than one incident\* of reportable conduct?  
 Yes  No

5.1a If yes, now many?

*\*Note: Please use this page for the primary or most serious incident and copy for additional incidents.*

5.2 Date of alleged incident:

5.3 Location of alleged incident:

5.4 Description of reportable allegation (attach documentation where available):

5.5 Type of reportable conduct alleged (tick all relevant to incident described above)

**Physical assault**

- Hitting/kicking
- Shaking/throwing
- Pushing/shoving/grabbing/pinching/poking
- Inappropriate restraint/excess force
- Indirect – use of object/substance/threat

**Neglect**

- Clothing/food
- Medical care
- Shelter
- Supervision
- Environment not supportive

**Sexual misconduct**

- Exploitation: non physical
- Deliberate exposure to sexual behaviour/sexual molestation) exhibitionism/exploitation/pornography
- Child Pornography
- Obscene language/gestures
- Harassment (inappropriate words/gestures/correspondence)

**Sexual offence**

- Assault (indecent/touching
- Penetration/intercourse

**Psychological harm\***

- Persistent hostility/rejection
- Exposure to violence (including domestic violence)
- Scapegoating
- Humiliation/belittling

*\*Note: There must be a claim of related harm to the child that was alleged to have been caused by the employee. See 3.5.7 in the Ombudsman guidelines for more information about this definition. Note: For more information about definitions of reportable allegations see 3.5 of the guidelines.*

**Misconduct which may involve reportable conduct**

- Unwarranted/inappropriate touching (not indecent)
- Inappropriate relationship with child (not sexual)
- Inappropriate comments/jokes of a sexual nature
- Other

5.6 Date your agency became aware of the allegation(s):

5.7 Name of person initially informed:

5.8 Position title and location:

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### 6. Interim Action taken or proposed in respect of the reportable allegation(s)

6.1 Has DoCS been informed by your agency?  Yes  No  Unknown  Not applicable

6.1a Date of report to DoCS:

6.2 Is DoCS investigating this reportable allegation?  Yes  No  Unknown

6.2a If yes, name of DoCS Officer:

6.2b Which Community Service Centre or Joint Investigation Response Team?

6.2c Contact number (if known):

6.3 Have the police been informed?  Yes  No  Unknown  Not applicable

6.3a Are the police investigating this reportable allegation?  Yes  No  Unknown

6.3b If yes, name of police officer:

6.4 Which police station or Local Area Command?

6.4a Contact number (if known):

6.5 Have prior reportable allegations been made against the employee?  Yes  No  Unknown

6.5a If yes, when was the most recent?  Within 2 yrs  2-5 yrs ago  More than 5 yrs ago

6.5b What was the result or finding of the investigation into the prior allegation(s)?

- False
- Vexatious
- Misconceived
- Allegation sustained
- Not sustained – insufficient evidence
- Not reportable conduct

6.6 What action has been taken or is proposed by the agency in respect of the employee pending completion of investigation?

- No action (state why)
- Increased supervision (describe)
- Restriction on current duties (specify)
- Transferred to alternate duties (specify)
- Suspended with pay
- Suspended without pay
- Not re-engaged
- Not relevant as matter finalised

6.6a Is this standard procedure when responding to allegations of a child protection nature made against your employees?  Yes  No  Unknown  Not applicable

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### INITIAL RISK ASSESSMENT (please tick relevant box)

- Unsure/Not Notifiable and no identifiable risk to children
- Notifiable to Ombudsman but no identifiable risk to children
- Notifiable to Ombudsman and possible risk to children
- Higher level risk - withdrawal from worksite considered

#### 1. REASONS FOR INITIAL RISK ASSESSMENT

(Consider: nature and seriousness of allegation(s); vulnerability of child(ren); nature of employee's position and level of supervision; employee's disciplinary history; employee's safety or particular vulnerability; potential risks to proper conduct of the investigation.)

**(a) Initial risk assessment re. appropriateness of employee remaining in workplace pending enquiries (provide reasons for risk assessment)**

**(b) If the employee is to remain in the workplace pending enquiries, are additional supports required? If so, indicate how these will be provided?**

**(c) Action to be taken to ensure the wellbeing of the child(ren) during the investigation of the allegation**

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### DRAFT INVESTIGATION PLAN (continue on additional page if necessary)

**(a) Factual particulars of the allegation (what is alleged?)**

**(b) Investigation objectives (what needs to be clarified / established?)**

**(c) Seek documentation regarding the making of the allegation (from whom?)**

**(d) Who should be interviewed? (identify witnesses; seek appropriate consents; consider carefully interviews with children and ensure proper support if interviewed)**

**(e) Possible timeframe for the conduct of interviews / gathering of information**