



ATTACHMENT L
CONFIDENTIAL
CATHOLIC EDUCATION OFFICE – DIOCESE OF LISMORE
REPORT TO DOCS ABOUT SUSPECTED RISK OF HARM

Name of child or young person: _____ Age: _____

Date of birth: _____ Sex: M F

Home address: _____
_____ Postcode: _____

Home phone: _____

School/Course/Program attended: _____

School/Campus/Centre or other location: _____

Names of parents or carers and relationship to child or young person:

Name: _____ Name: _____

Phone No: _____ Phone No: _____

Relationship: _____ Relationship: _____

Report made to the DOCS Helpline:

Date: ____ / ____ / ____ Time: _____

What actual harm or risk of harm is suspected? (For grounds of suspected risk of harm refer to Section 23 *Children and Young Persons (Care and Protection) Act 1998*). _____

If known, what are the wishes of the child or young person about this matter?

Is this a report related to the homelessness of a young person who has given permission for the report to be made?

Yes No

Recommended decision of DOCS Helpline officer about action to be taken, if know. _____

Reference number allocated to this report by DOCS: _____

Name of Principal/Executive Officer/TAFE or AMES Counsellor: _____

Signature: _____

Address: _____ Postcode: _____

Telephone: _____ Fax: _____

ATTACHMENT L

CATHOLIC EDUCATION OFFICE
DIOCESE OF LISMORE

CONFIDENTIAL

**RESPONSE TO A REQUEST FOR INFORMATION ON THE
SAFETY AND WELL-BEING OF A STUDENT WHO IS THE
SUBJECT OF A CHILD PROTECTION NOTIFICATION**

Name of Student: _____

Relevant Information: _____

Is there another staff member approved, and who has agreed to be available for future contact in relation to this matter?

Yes No

If Yes, name of staff member: _____

Position: _____

Name of Principal: _____

Signature of Principal: _____

Date: _____