** ECE & Primary Regency Park Campus**

**Child Protection**

**Record of Concern**

**Confidential**

*Staff member fills out this form AFTER speaking to the Child Protection Officer, within 24 hours of concern being raised / observed*

|  |
| --- |
| **Completed by:** |
| **Position:** |
| **Date:** |

|  |  |
| --- | --- |
| **Name of Child:** | **Class:** |
| **Gender: ☐ Male ☐ Female** |  |
| **Does the concern fall into one of the following categories**:   |  |  | | --- | --- | | **☐** Physical | **☐** Emotional | | **☐** Sexual | **☐** Neglect | | **☐** Other (specify) | | | |
| **Nature of concern**:  *(What prompted this record, include dates, times, incidents, discussions, observations, behaviours)*  *Date:*  *Time:*  *Other people involved:*  *Incident:*  *(If this was reported to you, please include full names of person who reported it to you)*  *Is anyone else aware of this incident? If yes, please write names.* | |
| **Are you aware of any previous incidents or concerns relating to this child?** | |
| **Has this been reported to the Child Protection Officer?**  **If no, please talk to the Child Protection Officer immediately** | |
| **Signed** | **Date** |
| **Co-Signed \*** | **Date** |

\*Please hand this completed form to the Child Protection Officer **immediately**, who will co-sign the form. If that person is not available, hand the form to the Co-Principals or Vice Principal.

This document can be hand written or typed, but it must be signed and dated.