



Human Services
Community Services

RISK OF SIGNIFICANT HARM REPORT

**BEFORE YOU FAX THIS REPORT TO THE CHILD PROTECTION HELPLINE,
PLEASE READ THE FOLLOWING:**

The [Mandatory Reporter Guide \(MRG\)](#) has been written to assist professionals make a decision about whether their concerns about a particular child or young person are likely to meet the risk of significant harm threshold. It also provides useful advice about any other actions you can take to assist the child, young person or family.

The MRG gives clear advice about the threshold for risk of significant harm. You are encouraged to use the MRG for reporting all child protection concerns - it is located on the KTS website www.keepthemsafe.nsw.gov.au.

1. Have you completed the MRG? Yes No
2. Have you consulted and were subsequently referred to the Child Protection Helpline via your Child Wellbeing Unit (CWU) if available, or via another professional? Yes No

PLEASE DO NOT COMPLETE THE FAX FORM:

If the outcome of the MRG is

“Immediate Report to Community Services”

OR

If you have concerns of a high risk of significant harm and/or imminent risk of significant concerns for the safety of a child or young person.

In this case you MUST make your report by telephone on 133 627.

PLEASE COMPLETE A FAX FORM

If your concern meets the Risk of Significant Harm threshold but it is non-imminent OR you believe your concern is about a matter that requires a Community Services response

Fax to: Child Protection Helpline on 9633 7666

PLEASE TYPE OR PRINT CLEARLY

Please make sure all pages are sent

1. YOUR DETAILS			
Reporter's name		Position	
Service / Agency			
Contact phone no.		Fax no.	
Business Address			
Was a message left on the Child Protection Helpline telephone system?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes →	Date _____ Time _____
COPS Event No. (Police only)			
Is the parent / carer / alleged offender on the NSW Child Protection Register? (Police only - tick if applicable)	<input type="checkbox"/> Yes	In relation to this report, are you an Opioid treatment prescriber? (Health only)	<input type="checkbox"/> Yes

2. DETAILS ABOUT THE CHILD OR YOUNG PERSON			
Child or young person's name			
Date of birth (or expected date)		Age or approximate age	<input type="checkbox"/> Unborn
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Not known
Tick if applicable	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both
Cultural background			
School / Pre-School attended or other child care (Family Day Care / nanny arrangements etc)			
Child or young person's name			
Date of birth (or expected date)		Age or approximate age	<input type="checkbox"/> Unborn
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Not known
Tick if applicable	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both
Cultural background			
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Tick if applicable	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both
Cultural background			
School / Pre-School attended or other child care (Family Day Care / nanny arrangements etc)			

3. FAMILY DETAILS

Family's address			
Suburb		Postcode	
Home phone			
Interpreter required	<input type="checkbox"/> No <input type="checkbox"/> Yes →	Please identify language spoken	
Disability issues			
Current whereabouts of child / young person			

4. NAME OF PARENTS/ CARERS & THEIR RELATIONSHIP TO THE CHILD OR YOUNG PERSON

Name	
Address (if different from above)	
Phone (if different from above)	
Relationship	
Name	
Address (if different from above)	
Phone (if different from above)	
Relationship	
Significant others close to the child and/or family (eg. grandparents/ aunts/ uncles)	

5. SAFETY CONCERNS

Known relevant criminal history of parents/carers			
Current Apprehended Violence Order (AVO)	<input type="checkbox"/> Yes ↓	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Who is the AVO against?			
Who is protected by the AVO?			
Family Law Court Orders (please provide details)			
Any known worker safety issues	<input type="checkbox"/> No	<input type="checkbox"/> YES (please provide details)	

AS PER THE ACT, A CHILD IS DEFINED AS A PERSON WHO IS UNDER THE AGE OF 16 YEARS, AND A YOUNG PERSON IS DEFINED AS 16 YEARS AND ABOVE, BUT IS UNDER THE AGE OF 18 YEARS.

What is the reason for reporting under the <i>Children and Young Persons (Care and Protection) Act 1998</i> ?	<input type="checkbox"/> Request for Assistance (Sect 21/113)	<input type="checkbox"/> Prenatal (Sect 25)
	<input type="checkbox"/> Risk of Significant Harm (Sect 23/24)	<input type="checkbox"/> Homelessness (Sect 120/121/122)

Please provide details of your ROSH concern for the safety and/or welfare of the child/ren and/or young persons. Also include any concerns you may have in regards to: <ul style="list-style-type: none"> • issues of domestic violence • carer's alcohol or other drug misuse • carer's mental health issues 	
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What have you noticed about the child/ren and/or young person's appearance and behaviour?	
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Did this incident result in a physical injury to a Child/Young Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
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Did this incident result in a physical injury to another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
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<p>Did this incident result in medical attention/treatment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details:</p>
<p>What is the nature of your ongoing professional role, if any, with the child/ren, young person/s and their parents/carers, and the frequency, duration and type (if applicable)?</p>	
<p>What other services or supports are currently in place to support the child/ren, young person/s and their parents/carers (if known)?</p>	
<p>Is the family, child or young person aware that this report has been made? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you consent for your identifying information to be provided to JIRT (NSW Police and NSW Health) or NSW Police (LAC) and/or NSW Health in the event that JIRT does not accept the report for action? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the report is referred to NSW Police, the same protections and confidentiality relating to your identity will continue to apply as per Section 29 of the <i>Children and Young Persons (Care and Protection) Act 1998</i>.</p>	
<p>Reporter's name (please print clearly)</p>	
<p>Signature</p>	
<p>Date and time</p>	