



DIPLOMACY TRAINING PROGRAM

AFFILIATED WITH THE FACULTY OF LAW & JUSTICE AT THE UNIVERSITY OF NEW SOUTH WALES
A training program for peoples of the Asia-Pacific region

Child Protection Incident Report

This form should be filled out by DTP Personnel, partners or members of the community to report a suspected crime, a risk of harm to a child, or any concerns about the safety and wellbeing of children related to DTP's training programs. All reports should be made to DTP's Executive Director, Patrick Earle p.earle@unsw.edu.au or DTP's Child Protection Officer, Clare Sidoti clare.sidoti@unsw.edu.au

Any additional documents or details that come to hand after this record has been made, should be included in this record, and provided to the authority to whom the matter was reported.

All information provided will be treated confidentially in accordance with relevant Australian Commonwealth legislation, including the Privacy Act.

Reporter's name and contact details

Name: _____
Organisation (if applicable): _____
Community (if applicable): _____
Telephone: _____
Email: _____

Type of Allegation

Please circle most appropriate description of the alleged incident (could be more than one):

Sexual Abuse

Physical Abuse

Sexual Misconduct

Offensive language/conduct

Inappropriate social media
use/contact

Other

Further Details: (date, location, what happened, who was present)

How you were made aware of the conduct which caused you concern?

Details of person(s) against whom the allegation is made

Name of alleged offender (s): _____

Contact information: _____

Please circle most appropriate descriptor:

DTP Personnel Partner Personnel Presenter Program Participant
Unknown

Details of the Victim(s)

***Note:** If a victim of abuse has disclosed this to you and wants to keep their identity confidential, you are not required to record their name.

Name:

Victim's age:

Contact Details:

DTP Use Only

DTP Program this report relates to:

[For DFAT funded programs] Date DFAT notified:

Action Taken:

Proposed Further Action:

Documents included with this report

If any documents were included in this report, list them here:

Name: _____

Signature: _____

Date: _____