

# Form 3

## Child concern referral



If you require assistance completing this form, contact the Director Safeguarding Program on **08 9221 7763**.

If you have concerns for the immediate safety or wellbeing of this child/ren, please contact the Director Safeguarding Program, your local Child Protection Office or Crisis Care Unit on **08 9223 1111 / Freecall 1800 199 008** to discuss your concerns. **Please attach any additional information.**

### 1. Date, time, method of disclosure / concern

Date of Disclosure  Time of Disclosure

How was information received? (attach any written information)

Telephone  Letter  Email  In person

### 2. Details of person making the disclosure / concern

Name

Address

Phone number / s  Email

Relationship to child or alleged victim

### 3. Details of child or alleged victim

Name  DOB

Address  Phone number / s

Language  Interpreter required Y  N

Disability Y  N  Special needs Y  N

Parish

**4. Parent/Carer details (where appropriate)**

Name  Phone number/s

Address

Is he / she aware of the allegation, suspicion or complaint?      Y       N

**5. Details of alleged perpetrator**

Name  Phone number/s

Address

Relationship to child / victim

Position in Church (if applicable)

Address

Current contact with children, if known (eg member of Board of Management of school, youth activities etc)

Additional information

**6. Details of concern, allegation or complaint**

Include dates/times and location of incident(s) and witnesses, if known.

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Does the child/victim know this referral is being made?    Y     N

**7. Action taken - civil authorities (WA Police / Department for Child Protection)**

Has the matter been referred to the civil authorities?    Y     N

If yes, date     Time

If no, explain why not

To whom was it referred?

Organisation name

Contact person

Designated position

Address

Phone number / s     Email



**Details of person completing this form, if different from the person making the disclosure**

Name

Address

Phone number / s  Email

Relationship to child or victim

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**Form completed**

Date  Time

Print name  Signed

**PLEASE RETURN THIS FORM AS SOON  
AS POSSIBLE TO:**

**Director Safeguarding Program**

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