##### ../Dropbox%20(SMR)/SMR%20Team%20Folder/ACC/PREVENTION/SMR%20ACC%20Manual%202019/old%20SMR%20ACC%20manual%20and%20guide%20old/SMR%20PRESENTER%20GUIDE%20ACC%20Version/Links/ACC%20Logo%203D%

##### SC010 Domestic abuse

##### Report Form

##### CONFIDENTIAL

For record keeping and sharing of information between Local ACC churches and the movement for risk management and duty of care purposes.

***In accordance with ACC Child Protection Policy reporting procedures, any disclosure, belief or suspicion of a domestic abuse concern is to be documented and the information passed on to your Local Safer Churches Officer as soon as practicable*** *(preferably within 24 hours)****to ensure all reporting requirements are met.*** *\*Note: SA requires a direct report to CARL for any concerns of risk of harm to children*

***Your Local Safer Churches Officer MUST RETURN THE COMPLETED FORM TO THE STATE SAFER CHURCES OFFICER WITHIN 14 DAYS if the concern involves children. YOU MUST CONTACTYOUR STATE SAFER CHURCHES OFFICER AS SOON AS POSSIBLE IF THE CONCERN INVOLVES SOMEONE WHO HOLDS AN ACC CREDENTIAL***

**This form shall be kept in a secure manner for not less than 45 years.**

**All fields must be completed. If a field is not applicable, the reason it is not applicable must be documented.**

Church Details

|  |  |
| --- | --- |
| Church Name |  |
| Church Address |  |

Local Safer Churches Officer or equivalent

|  |  |
| --- | --- |
| Name |  |
| Contact details |  |

Details of person who has raised the concerns/received the disclosure

|  |  |
| --- | --- |
| Name |  |
| Contact details |  |
| Role |  |
| Relationship with the person whom the report is about |  |

Details of the person whom the concern / disclosure is about

|  |  |
| --- | --- |
| Full name |  |
| Age and Date of Birth |  |
| Gender |  |
| Any other relevant details or issues to be aware of (e.g. cultural issue, disability, ethnicity, etc) |  |
| Who does the person live with (include address and contact details) |  |
| Is the person aware of this report? |  |
| Where is the person now? Is s/he in a place of safety and are there any immediate medical issues? |  |
| Are there children involved |  |
| Child/ren’s details:  Name, age, DOB, school they attend (if applicable) |  |

The concern

Domestic abuse concern:

* Observed/suspected by yourself
* Disclosure by the person
* Allegation made by*:*

|  |  |
| --- | --- |
| Full Name: |  |
| Address: |  |
| Contact Number: |  |

Details of person subject of the allegation/information

Who is the person subject of the allegation/information?

* Church Staff
* Church Volunteer/leader
* Family member of child
* Member of congregation
* Someone in the community

|  |  |
| --- | --- |
| Name of person subject of the allegation/information |  |
| Age and DOB (if known) |  |
| Address (if known) |  |
| Contact number (if known) |  |
| Other relevant details e.g. job position, relationship with child, etc (if known) |  |

Details of Report

Please include the following:

* Details of the domestic abuse or incident (Include what is alleged to have happened? What were the circumstances etc)
* Write down exactly what the person has said (in his/her own words) and what you said (NB: Do not ask leading questions - record actual details)
* Observations made by you (e.g. observed injures, persons perceived emotional state etc. Mark which observations are fact or opinion)

|  |  |
| --- | --- |
| Date(s) time(s) of incident(s) |  |
| Location(s) of incident( if known) |  |

|  |
| --- |
| **Information/ Allegation Details:** |

*Attach further documentation if required*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACC Safer Churches Guideline 8 - steps taken by local church**

|  |  |
| --- | --- |
| Date and time 1800 Safer Churches Helpline called |  |
| Advice provided |  |
| Action taken |  |
|  |  |
| Date and time  Government Child Protection agency contacted (where required, include event/incident number provided) |  |
| ***If not contacted, please state reason why*** | |
| Advice provided |  |
| Action taken |  |
|  |  |
| Date and time  Police contacted  (where required, include event/incident number provided) |  |
| ***If not contacted, please state reason why*** | |
| Advice provided |  |
| Action taken |  |
|  |  |
| Date and time Insurance contacted |  |
| ***If not contacted, please state reason why*** | |
| Advice provided |  |
| Action taken |  |
|  |  |
| Date and time  Reportable conduct matter reported  (where required) |  |
|  |  |
| Pastoral Care actions implemented |  |
|  |  |
| Risk management actions  Implemented |  |

*Please attach any documentation if more space required*

ACC State Safer Churches: Action taken by State Safer Churches Officer

Record / attach notes from discussions with the ACC State Safer Churches officer (where required).

|  |
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|  |

Additional Follow up or Information

**Actions:** Include any continued follow-up needed. (Any ongoing or follow up actions and/ or information must be forwarded to you State Safer Churches Officer within 14 days )

|  |
| --- |
|  |

Review of incident

**Lessons Learned:** Strengths and weaknesses in areas of the response and management etc.

|  |
| --- |
|  |

**Recommendations (if any) in relation to**

**a) Practices and /or training**

|  |
| --- |
|  |

**b) changes to procedure and/ or documentation**

|  |
| --- |
|  |

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_