

**TOOWOOMBA DIOCESE**

**RECEIVING and RECORDING a DISCLOSURE FORM**

**14 April 2023**

Recording the information received during a disclosure, allegation or concern is an important step in supporting the child, young person or adult at risk: the person who is the subject of the disclosure.

Remember the guidance offered in the Diocesan Safeguarding Policy:

1. listen with care and attention;
2. believe the person making the disclosure and avoid misleading questions;
3. assure the person, if he or she is the subject of the disclosure, that they are not to blame;
4. explain that reporting the disclosure is necessary to ensure the safety of the person involved.

*If you form the reasonable belief as you listen to the disclosure or allegation that this child, young person or adult at risk or another child is in imminent danger or risk of being abused, contact Qld Police immediately (phone 000).*

Generally, this Form would be completed following the disclosure conversation, not during.

**The primary purpose of the Form is to help you capture the information entrusted to you while it is still fresh in your mind.** *If you need assistance with this Form, please contact the Diocesan Safeguarding Ministry Office (4638 1379 or 0408 459 045).*

1. **About the disclosure:**

|  |  |
| --- | --- |
| Date received: | Time received: |
| How was the information received: *(please tick)* In person 🞏 Phone 🞏 Email 🞏 Letter 🞏 *Attach any written information to this Form (eg a Letter)* |
| Is the disclosure/allegation current or historical? 🞏 current (happening now or recently) 🞏 historical (relates to abuse disclosed by an adult when they were a child) |

1. **Details of the Person making the disclosure / making the allegation / raising the concern:**

|  |
| --- |
| Name: *First name: Family name:*  |
| Address: *(street, town and postcode)* |
| Phone: | Mobile: | Email: |
| Relationship to the child, young person or adult at risk: *the person who is the subject of the disclosure or allegation:* |

1. **Details of the person who is the subject of the disclosure or allegation**

|  |  |
| --- | --- |
| Name: *First name:* | *Family name:* |
| Age *(or estimate of age):* | Date of birth: Gender: F 🞏 M 🞏 |
| Address *(street, town, postcode):* |  |
| Phone *(if applicable):* | *Mobile:* |
| Does the child, young person or adult at risk, identify as Aboriginal or Torres Strait Islander? | Yes 🞏No 🞏*If Yes, is the support of an Elder needed?* |
| Is this person from a culturally and linguistically diverse background? | Yes 🞏No 🞏If Yes: Language spoken at home:*Is an Interpreter needed?* |
| Does the child, young person or adult at risk live with a disability?Does this person live with a sense and reality of diverse sexuality? | Yes 🞏 Yes 🞏No 🞏 No 🞏If Yes, please provide additional information:*Is a Support Person needed?*  |
| Relationship to the Parish *(eg parishioner, program participant, attending a parish event or activity)* | *Please provide details:* |
| Name of Parish: |  |
| Address of the Parish: |  |

1. **Details of the alleged offender:**

|  |  |
| --- | --- |
| Name: *First name:* | *Family name:* |
| Address: *(street, town, postcode)* |  |
| Approximate age: | Adult (person 18 years and over) 🞏Child or young person (under 18 years of age) 🞏 |
| Phone: | Mobile: |
| Position in the Church or Parish:Relationship to the child, young person or adult at risk: *the person* *who is the subject of the disclosure* | *Provide information:* *(eg parent, clergy, other young person, activity leader,**unknown person online, employee or volunteer in the parish)**Provide information:* |
| Current contact with children or adults at risk if known *(eg runs* *youth activities)* | *Provide information:* |
| Any additional information | *Provide information:* |

1. **Details of disclosure, allegation or concern**

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| --- |
| *As far as possible, use the ‘exact words’ of the person making the disclosure.**Include the date(s), time(s) and location(s) of the alleged abuse or neglect.**Include the names of possible witnesses, if known.**(Please continue on the next page …)* |
| Type of abuse: *tick as many as apply* Physical abuse 🞏 Sexual abuse 🞏 Emotional abuse 🞏 Psychological abuse 🞏 Grooming 🞏 Neglect 🞏 |
| Does the child, young person or adult at risk who is the subject of this disclosure, know thisdisclosure is being made? Yes 🞏 No 🞏  |

1. **Parent or Carer details (where appropriate)**

 *As will be explained later in this Form (in section 7), follow the directions of Police or Child Safety Services on informing Parents or Carers of the disclosure or allegation. Provide information on Parents/Carers only if already known to you.*

**Parent / Carer 1:** *(if known)*

|  |  |
| --- | --- |
| Name: *First name:* | *Family name:* |
| Relationship to the child, young person or adult at risk: *(eg father/mother, grandmother, foster carer, support person)* | *Please provide information:* |
| Address: *(street, town, postcode)* |  |
| Phone: *home* | Phone: *work* |
| Mobile: | Email: |
| Is Parent/Carer 1 aware of the disclosure, allegation or concern? | Yes 🞏No 🞏 *Follow the directions of Police or Child Safety Services* |
| Likely reaction to a Report to Authorities being made *(if known)* |  |
| What additional supports may need to be put in place to support Parent(s) or Carer(s)? |  |

**Parent / Carer 2:** *(if known)*

|  |  |
| --- | --- |
| Name: *First name:* | *Family name:* |
| Relationship to the child, young person or adult at risk: *(eg father/mother, grandmother, foster carer, support person)* | *Please provide information:* |
| Address: *(street, town, postcode)* |  |
| Phone*: home* | *Phone: work* |
| Mobile: | Email: |
| Is Parent/Carer 2 aware of the disclosure, allegation or concern? | Yes 🞏No 🞏*Follow the directions of Police or Child Safety Services* |
| Likely reaction to a Report to Authorities being made *(if known)* |  |
| What additional supports may need to be put in place to support parent(s) or carer(s)? |  |

1. **Action to be taken**

|  |  |
| --- | --- |
| If you reasonably believe the child or young person is in imminent danger or risk of abuse … | Yes 🞏 Contact Qld Police immediately (phone 000) *Follow the directions of Police. Taking action* *without Police advice may place the child at risk of harm* *and may impact the integrity of their investigation.*  No 🞏 |
| *If this immediate action is taken,* *you will need to record this* *information …*  | *Date reported: ……………………… Time ………………..**To whom was it referred? ………………………………………………**Location of Police Station: ………………………………………………* |
| Apart from the immediate action above, if you hold knowledge or reasonable belief that sexualabuse (criminal offence) is involved,you will need to report the disclosure or allegation to Qld Police.In making this report please use the ***Reporting a Disclosure or*** ***Allegation to Authorities Form.****And you will need to record this* *related information …**Please contact the Diocesan* *Safeguarding Ministry Office for* *support and assistance.* | Has the disclosure/allegation been reported to Qld Police? Yes 🞏 No 🞏If Yes: Date …………………… Time ……………………*To whom was it reported?*Name: ……………………………………………………………… Position: ………………………………………………………….Location: …………………………………………………………..Phone: ……………………………………………………………….Email: …………………………………………………………………Did Qld Police advise informing the child or young person’s Parent(s) or Carer(s)? Yes 🞏 No 🞏*If the disclosure or allegation is not reported to Qld Police,**please explain why:* |
| If you have a reasonable suspicion of significant harm to a child or young person where there may not be a parent able and willing to protect the young person, you willneed to report the disclosure orallegation to Child Safety Services. In making this report please use the ***Reporting a Disclosure or*** ***Allegation to Authorities Form.****And you will need to record this* *related information …**Please contact the Diocesan* *Safeguarding Ministry Office for* *support and assistance.* | Has the disclosure/allegation been reported to Child Safety Services? Yes 🞏 No 🞏If Yes: Date …………………… Time ………………………..*To whom was it reported?* Name: ……………………………………………………………….. Position: ……………………………………………………………. Location: …………………………………………………………… Phone: ………………………………………………………………. Email: ………………………………………………………………….Did Child Safety Services advise informing the child or young person’s Parents or Carers? Yes 🞏 No 🞏*If the disclosure has not been reported to Child**Safety Services, please explain why:* |
| If any of the above reporting actions are taken, you will need to notify your Parish Priest/Parish Leader (unless he or she is involved in the matter) and report to the Diocese.You will need to provide the Diocese with a copy of the Reportyou provide to Police or Child Safety Services. And you will need to advise the Diocese of any action taken by Civil Authorities.*Contact Information for the* *Diocesan Safeguarding Ministry* *Office is provided below.* | Has the disclosure/allegation been reported to the Diocese?Yes 🞏 No 🞏 If Yes: Date …………………………… Time …………………..*To whom was it reported?*Name: ……………………………………………………………….Position: ……………………………………………………………Address: …………………………………………………………….Phone: ………………………………………………………………Email: …………………………………………………………………*If the disclosure has not been reported to the Diocese,* *please explain why:* |

1. **Next Steps**

|  |
| --- |
| *If and when you report to Civil Authorities and the Diocese, be mindful that agreed actions will follow …*What actions were agreed upon and by whom, when the disclosure was reported to civil (Police and/or Child Safety Services) and Church authorities? |

|  |
| --- |
| *If and when you report to Civil Authorities and the Diocese, be mindful that safeguarding concerns will be identified for both current and subsequent remedial action …*Are there any immediate child, young person and adult at risk safeguarding concerns arising from this disclosure?If so, please record what they are and indicate what actions are being taken, or will be taken, to address them. |

1. **Details of the person completing this Receiving a Disclosure Form** (yourself!)

|  |  |
| --- | --- |
| Name: *First name* | *Family name* |
| Address: *(street, town, postcode)* |  |
| Phone: Home | Phone: Work |
| Mobile: | Email: |
| Position in the Parish or Diocese: | Priest 🞏 Parish Leader 🞏Parish Safeguarding Contact 🞏Parish Council Chair 🞏 or Member 🞏Pastoral Associate 🞏 Parish Secretary 🞏Diocesan Ministry or Agency 🞏 |
| Form completed: *Date* | *Time* |
| *Signature:* | *Full Name:* |

*A copy of this* ***Receiving a Disclosure Form*** *must be retained by the person who has completed and signed the Form and then be filed in a secure location.*

*A copy is to be provided to the Diocesan Safeguarding Ministry Office.*

*When completing the* ***Reporting a Disclosure or Allegation to Authorities Form****, information already recorded in this Receiving a Disclosure Form will greatly assist. Please remember, the Diocese and all Parishes and Ministries take a zero tolerance approach to all forms of abuse.*

**CONTACT INFORMATION**

**Qld Police Service:** *for immediate risk to child or criminal offence involved …*

 **000** *and/or*  local Police Station number (refer local Phone Directory)

 **Child Protection Investigation Unit (CPIU):** CPIU.Toowoomba@police.qld.gov.au

 Toowoomba (4631 6355), Warwick (4660 4436), Roma (4622 9358),

 Cunnamulla (4655 8900), Dalby (4669 9260)

**Child Safety Services:** *for suspected significant harm where there may not be a parent able*

 *and willing to protect the child or young person …*

 **Regional Intake Service:** South West Qld: **1300 683 390**

 SWRISintake@communities.qld.gov.au

 **Child Safety After Hours Service Centre**: 1300 682 724 or 3235 9902

**Office of the Public Guardian:**  *for children within the child protection system and adults with impaired decision-making capacity…*

 1300 653 187 www.publicguardian.qld.gov.au

**Toowoomba Diocese: Safeguarding Ministry Office:** *for support, advice and guidance*

  **4638 1379** or **0408 459 045:** 73 Margaret Street, Toowoomba QLD 4350

 profstandards@twb.catholic.org.au

 *Diocesan Safeguarding Ministry, Diocese of Toowoomba, 14 April 2023*