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| **EXPLANATION OF THIS FORMS PURPOSE:** | | **This form is to be used to by Department of Child Safety, Youth and Women staff to notify the Family Responsibilities Commission of all child concern reports and unsubstantiated and substantiated child protection investigations and assessments relating to welfare reform community areas or to persons who are from a welfare reform community area.** |
| **LOCATION WHERE CONCERNS OCCURRED/OCCURRING:** | |  |
| **PERSON/S RESPONSIBLE FOR ALLEGED HARM OR RISK OF HARM:** | | |
|  | |  |  | | --- | --- | | **Name/s:** |  | | **Other names the person/s is known by:** |  | | **Date of birth:** |  | | **Relationship to the child/ren:** |  | | **Current Address**  (*if known*)**:**  **Is/are the person/s an approved foster carer/s?** | No  Yes | | |
|  | |  |  | | --- | --- | | **In the event that the current address is outside a welfare reform community area, is the person’s previous welfare reform community area address known?** | | |  | No | |  | Yes | | **Address details:** |  | | |
| **CHILD / CHILDREN DETAILS:** | | |
| **CHILD 1** | |  |  | | --- | --- | | **Name:** |  | | **Child identification name:** |  | | **Date of birth:** |  | | **Current Address**  (*if known*)**:** |  | | |
| **CHILD 2** | |  |  | | --- | --- | | **Name:** |  | | **Child identification name:** |  | | **Date of birth:** |  | | **Current Address**  (*if known*)**:** |  | | |
| **CHILD 3** | |  |  | | --- | --- | | **Name:** |  | | **Child identification name:** |  | | **Date of birth:** |  | | **Current Address**  (*if known*)**:** |  |   *(Include information about any additional children in an attachment to this form)* | |

|  |  |
| --- | --- |
| **PARENT DETAILS (if known):** | |
| **MOTHER’S NAME** | |  |  | | --- | --- | | (as above) | | | **Name:** |  | | **Date of birth:** |  | | **Other names the person is known by:** |  | | **Current Address**  (*if known*)**:** |  | |
| **FATHER’S NAME** | |  |  | | --- | --- | | (as above) | | | **Name:** |  | | **Date of birth:** |  | | **Other names the person is known by:** |  | | **Current Address**  (*if known*)**:** |  | |
| **PRIMARY CARER’S NAME (if not parent)** | |  |  | | --- | --- | | (as above) | | | **Name:** |  | | **Date of birth:** |  | | **Other names the person is known by:** |  | | **Current Address**  (*if known*)**:** |  | |
| **DETAILS ABOUT THE ALLEGATION:** | |
|  | |  |  | | --- | --- | | **1** | **Date allegation first made known to the Department of Child Safety, Youth and Women?** | |  |  | |
|  | |  |  | | --- | --- | | **2** | **What does the allegation relate to** (tick appropriate box)**:** | |  | Child Concern report | |  | A finalised child protection investigation and assessment or SOC harm report | |
|  | |  |  | | --- | --- | | **3** | **When the allegation relates to a Child Concern report or a SOC harm report, have any additional actions taken place?** | |  | No | |  | Yes (if Yes, tick appropriate box): | |  | Early intervention referred (please specify) | |  | QPS referred | |  | Other (please specify) | |
|  | |  |  | | --- | --- | | **4** | **If allegation is in relation to finalised investigation and assessment or SOC harm report, is the outcome** (tick appropriate box)**:** | |  | Unsubstantiated | |  | Substantiated | |
|  | |  |  | | --- | --- | | **5** | **Is there a current Intervention with Parental Agreement (IPA) or a current Child Protection Order (CPO)?** | |  | No | |  | Yes (if Yes, tick appropriate box): | |  | IPA | |  | CPO | |  | Other (please specify) | |  |  | |  | Please confirm additional paper work such as case plan/history/IPA is attached | |
|  | |  |  | | --- | --- | | **6** | **Summary of allegations and details of investigation (including whether family/carers have been notified of the allegation)** | |  |  | | **If allegation has been substantiated, what intervention is planned by the Department of Child Safety, Youth and Women?** | | |  |  | | **Does the Department of Child Safety, Youth and Women consider the allegation of harm vexatious or baseless?** | | |  | No | |  | Yes | |
|  | |  |  | | --- | --- | | **7** | **Has the Department of Child Safety, Youth and Women had previous contact with the above person?** | |  | No | |  | Yes(if yes, attach the Child Protection History Report) | |
| **DEPARTMENT CONTACT DETAILS:** | |
|  | |  |  | | --- | --- | | **Name:** |  | | **Position:** |  | | **Contact details:** |  | |
| **ENDORSEMENT OF NOTICE:** | |
|  | |  |  | | --- | --- | | **Authorising officer** | | | **Name:** |  | | **Signature:** |  | | **Date:** |  | |
| **EMAIL TO:** [**agencynotifications@frcq.org.au**](mailto:agencynotifications@frcq.org.au) | |