

CHILD SAFETY INCIDENT, DISCLOSURE & DISCLOSURE FORM



Confidentiality Statement

The information contained in this form is confidential and relates to a child safety concern, incident, disclosure, allegation or suspicion of harm. It must be handled in accordance with AFL SportsReady's Child Safety Policy, Privacy and Confidentiality Policy and applicable legislation. Information may only be disclosed to those with a legitimate need to know for the purposes of protecting a child or young person, managing the matter, or meeting legal and reporting obligations. Unauthorised access, use or disclosure of this information is strictly prohibited.

This form should be completed as soon as practicable following a child safety incident, concern, disclosure or allegation and submitted to the Child Safety Officer.

Reporting Person Details

Name:	
Position:	
Organisation:	
Phone:	
Email:	
Date of Report:	

Child/Young Person Details

Name:	
Date of Birth:	<i>If known</i>
Gender:	
Home Address:	
Parent/Guardian Name:	
Parent/Guardian Phone:	
AFL SportsReady Program:	
Host Employer:	
Worksite Location:	

Incident/Concern Details

Date of Incident/Concern:	
Approx. Time:	Time: ☐ AM ☐ PM
Location:	

Nature of Report

Please select all that apply

- ☐ Child Safety Concern
- ☐ Child Safety Incident
- ☐ Disclosure by Child / Young Person
- ☐ Suspicion of Abuse or Harm
- ☐ Physical Abuse
- ☐ Sexual Abuse
- ☐ Emotional or Psychological Abuse
- ☐ Neglect
- ☐ Grooming Behaviour
- ☐ Online Safety Concern
- ☐ Child Safety Code of Conduct Breach
- ☐ Reportable Conduct Allegation
- ☐ Other: _____

Immediate Safety Assessment

Question

Yes

No

Is the Child / Young Person currently safe?

☐☐

Was first aid/medical assistance required?

☐☐

Were the Police contacted?

☐☐

Has the Child / Young Person been removed from immediate risk?

☐☐

Details of immediate safety concerns and actions taken:

Details of Incident, Disclosure or Concern

Please provide a factual account of what was observed, disclosed, reported or suspected.

Include:

- What happened
- Who was involved
- Dates, times and locations

- Actions already taken
- Relevant observations **

*** Please include observations of **Physical or Behavioural Indicators** which led you to form a reasonable belief that the child/young person has been, or is at risk of, being abused.*

CHILD / YOUNG PERSON'S WORDS

If the child / young person made a disclosure, please record their exact words as closely as possible.

Do not paraphrase, interpret or investigate.

Person Alleged to Have Caused Harm

(If known)

Name:

Relationship to Child:

Organisation:

Position/Role:

Contact Details:

Additional Information:

Witness Details

Name:

Contact Details:

Relationship to Incident:

Internal Reporting (to be completed by Child Safety Officer)

Authority Notified

Police

Yes

☐

Date

Child Protection

☐

Commission for Children and Young People

☐

Other

☐

Advice received/outcome

Support Provided

Support provided to Child / Young Person

Support provided to Parent/Guardian

Support provided to Employee or Reporter

Risk Assessment

Risk Level	Description	Rating
Low	No immediate risk identified. Monitoring required.	☐
Medium	Potential risk requiring active management and follow-up.	☐

Risk Level	Description	Rating
High	Significant risk requiring immediate intervention.	☐
Critical	Immediate risk to the safety or wellbeing of a child or young person.	☐

Reason for Risk Rating

Immediate Protective Actions Required

Document Control

AFL SportsReady will review this form annually to ensure its continued relevance and effectiveness.

Version	Effective	Review Approved By	Next Review
1.0	October 2026	AFL SportsReady Chief Executive Officer	October 2027