



BATHURST GOLF CLUB LTD

RECORD OF CHILD SAFE ALLEGATION FORM

If you believe a child is in immediate danger or a life-threatening situation, contact the Police immediately on 000 (triple zero)

This form should be used to record a suspicion, allegation or disclosure of child abuse, or a complaint of unacceptable behaviour.

Please use the Child Safe Policy and Child Safe Reporting Procedure for further information. Please complete as many boxes as appropriate.

Complainant Details	Name: Phone: Email:
Datre Received	
Complainant's age group and role	Under 18 Years of age _____ Over 18 Years of age _____ <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete (player) <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Official <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Other:
Subject's details	The Subject is the name of the child or young person involved Name: Phone: Email:
Subject's age group and role	Under 18 Years of age _____ Over 18 Years of age _____ <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete (player) <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Official <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Other:
Subject's guardian details	Name: Phone: Email:
Witness details	Name: Phone: Email:
Witness details	Name: Phone: Email:

Respondent's details	The Respondent is the person about whom the allegation is made Name: Phone: Email:
Respondent's role and age group	Under 18 Years of age _____ Over 18 Years of age _____ <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete (player) <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Official <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Other:
Respondent	Is the Respondent a financial member of a Golf NSW affiliated club? Yes/No If yes, which Club?

Date of Alleged Incident	
Location/of alleged incident	
Event where alleged incident occurred	
What is the nature of the complaint <i>Tick as many as apply</i>	Physical abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Psychological abuse <input type="checkbox"/> Emotional abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Ill-treatment <input type="checkbox"/> Grooming <input type="checkbox"/> _Other :
What are the facts relating to the incident as stated by the complainant?	
Accurately record what the child said when describing what happened- use their exact words	<i>(NB: In the case of an allegation of abuse, formal investigations and interviews will be carried out by DCJ and/or NSW Police. You must record what the child has said but unless it is your role to investigate, you should not interview the child.)</i>
OR	

Record why you suspect abuse due to an indirect disclosure such as a drawing or observed behaviour	
What does the complainant want to happen to resolve or progress the allegation	

Action undertaken (if any)

To ensure the safety of child/client	
To address the support needs of the child / client and their family, including 1 st Aid or medical treatment	
To address the support needs of the alleged respondent	
To address the support needs of other staff and volunteers involved	

Incident response

<p>Please tick which of the following have been informed of this incident:</p> <p><i>Please note that the General Manager must be informed</i></p>	<p>Externally</p> <ul style="list-style-type: none"> • Police • Child Protection • Ambulance • Doctor • Family / Carer • • Other (please specify) _____ <p>Internally Manager (please specify): _____</p>
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If none – what response, actions and follow up	
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Police Notification

Date		Time	
Name of officer		Position	
Dept/Region		Contact details	
Information provided:			

Child Protection

Date		Time	
Name of officer		Position	
Dept/Region		Contact details	
Information provided:			

Parent/Guardian

Has the parent/guardian been informed of the incident: Yes No (circle one)	
If appropriate, has the Complainant been informed, the authorities are being notified: Yes No (circle one)	
If yes, please provide relevant details of conversations:	E.g. (information provided, reactions, concerns and admissions)
If no, please explain why:	

Please provide details of who else has been informed of the incident	
Full name	
Position/Title	
Date and time informed	
Full name	
Position/Title	

Date and time informed	
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Additional Comments

Methods of attempted informal resolution	
Support person (if any)	
Outline any formal resolution procedures followed	
If investigated	Findings: Actions:
If mediated	Date of mediation Both/ all parties present Agreement Any other action taken
Resolution	
Completed by	Name Position Signature Date
Review date Set a date to review and update this policy	This form will be reviewed annually and after any critical incidents, to ensure continuous improvement of our child safe practices. Reviews Last reviewed: August 28, 2023 Next Review date: August, 2024 Responsible officer: General Manager

This record and any notes must be kept in a confidential and safe place