

Risk of Significant Harm Form (ROSH) – Sample

This information is to be kept strictly confidential and not to be used for any other reason except for the purpose of reporting the Risk of Significant Harm.

Appropriate record keeping procedures are to be observed when filing this report.

The provision of information to the Statutory Authorities for the protection of a child or young person is not a breach of confidentiality.

Date of Disclosure: _____ Time of Disclosure: _____

Your Details

Full Name: _____

Contact Number(s): _____

Email Address: _____

Role/title: _____

Child or Young Person Details

Full Name: _____ Date of Birth: _____

Address: (if known) _____

Contact Number: _____

Parent/Carer/Guardian Details

Full Name: _____

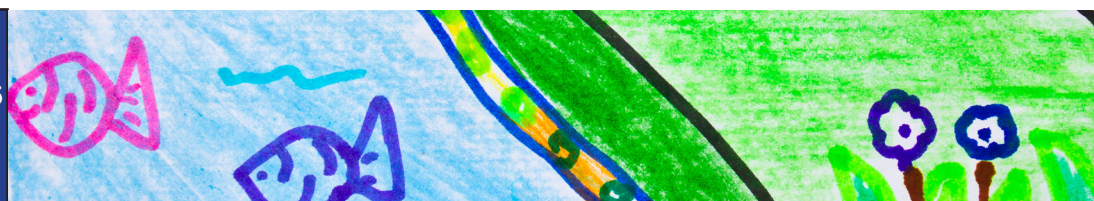
Address: (if known) _____

Contact Number: _____

Is he/she aware of the disclosure? Yes No

Does this disclosure involve a family member? Yes No

Comments: _____



Alleged Perpetrator Details (if Known)

Complete as much information that you know

Full Name: _____

Address: (if known) _____

Contact Number: _____

Does the child know this person? Yes No

If yes, provide the details of the relationship

Is this person involved in the Faith Community? Yes No

If yes, in what capacity? _____

Disclosure Details

Please provide details of the concern, allegation or complaint.

Include dates and times and location of incident(s) as disclosed (if known).

Does the child or young person know this disclosure is being documented?

Yes No

Child Safe Action Taken

Does this disclosure refer to Faith Community worker misconduct?

Yes No

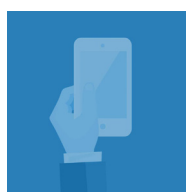
Has this been referred to the designated Child Safe Standards Representative?

Yes No

If no, explain why _____

If yes please provide details of the referral

Date of referral: _____ Time of referral: _____



Referred to: _____

Position/Title/Role: _____

Contact Number: _____

Email address: _____

Child Protection Action Taken

Does this disclosure require a report to Statutory Authorities? Yes No

If no, explain why _____

If yes please provide details of the report

Date of report: _____ Time of report: _____

Please include advice or guidance given by the State Child Protection Authorities and attach any correspondence to this report

Follow up action required

Please provide details of follow up action to take place

Form Completed

Full name: _____ Role: _____

Signature: _____ Date: _____

(Also to be signed by the Child Safe Standards Representative / Coordinator of program)

Full name: _____ Role: _____

Signature: _____ Date: _____

This form should be handed to the Child Safe Standards Representative, or equivalent and be kept securely for record keeping and follow-up purposes.

