



Formal Disclosure Form

Formal Disclosure Form

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 minor is not in breach of confidentiality.

Date of disclosure:

Time of Disclosure:

Your name:

Your role:

Contact phone number:

Email:

Details of person recording the disclosure

Details of child/young person

Name:

Gender:

Age:

Date of birth (if known):

Details of parent/guardian(s):

Name(s):

Address:

Contact phone number:

Email:

Is he /she they aware of the disclosure? Yes No

Does it involve a family member? Yes No

Alleged Perpetrator Details (if known)

Complete as much information as you know

Name:

Address (if known):

Contact phone number:

Does the child know this person? Yes No

If yes, provide the details of the relationship:

Is this person involved in ministry through Kyneton Baptist? Yes No

If yes, in what capacity?

Disclosure Details

Please include details of the concern, allegation or complaint. Include dates/times and location of incident(s) as disclosed.

If more space is required, please continue on another sheet.

Does the child / young person know this disclosure is being documented? Yes No

Safe Church Action Taken

Does this disclosure refer to a KBC Staff, Leader, Volunteer? Yes No

Has this been referred to the designated Safe Church Coordinator? Yes No

If no, explain why not:

If yes, provide details of the referral:

Date of referral:

Time of referral:

Referred to:

Position / Title / Role:

Contact phone number:

Email:

Child Protection Action Taken

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

If no, explain why not.

If yes, provide details of the report

Date of report:

Time of report:

Please include advice or guidance given by the Statutory Authorities and attach any correspondence to this report.

If more space is required, please continue on another sheet.

Follow up action required

Provide details of follow up action to take place

If more space is required, please continue on another sheet.

Form completed

Date completed:

Time of completion:

Full Name:

Position / Title / Role:

Contact phone number:

Email:

Signature:

Date:

Witness

This completed form is also to be signed by the Safe Church Coordinator or equivalent / Coordinator of the program.

Date completed:

Time of completion:

Full Name:

Position / Title / Role:

Contact phone number:

Email:

Signature:

Date:

****This form must be kept securely for record keeping and follow up purposes.**