

Please Print and Fill In

Mandatory Notification Record

Please check boxes to answer 'Yes'

Name of child/young person including Also Known As:			
DOB	Year level (if applicable)	Name of site	
Aboriginal	<input type="checkbox"/>	YES	
Torres Strait Islander	<input type="checkbox"/>	YES	
Student with disability	<input type="checkbox"/>	YES	
Under the Guardianship of the Chief Executive of the Department for Child Protection	<input type="checkbox"/>	YES	
Name of notifier			
Date of notification			
Family related		Non-family related	
<input type="checkbox"/> The child or young person has suffered harm (including harm caused by physical, emotional, sexual abuse or neglect). <ul style="list-style-type: none"> <input type="checkbox"/> There is a likelihood that the child or young person will suffer harm. <input type="checkbox"/> The likelihood a child or young person will be removed from the state: <ul style="list-style-type: none"> <input type="checkbox"/> for an unlawful medical or other procedures, including female genital mutilation <input type="checkbox"/> for a child marriage <input type="checkbox"/> to take part in criminal activity. <input type="checkbox"/> Parents or guardians of a child or young person: <ul style="list-style-type: none"> <input type="checkbox"/> unable or unwilling to care for the child or young person <input type="checkbox"/> have abandoned the child or young person <input type="checkbox"/> have died. <input type="checkbox"/> School-aged child or young person is persistently absent from school without satisfactory explanation. <ul style="list-style-type: none"> <input type="checkbox"/> Child or young person is homeless or is living somewhere unsafe. <input type="checkbox"/> Concerns about an unborn child. 		Adult <input type="checkbox"/> YES Employee/volunteer/contractor at the site? <input type="checkbox"/> YES Minor <input type="checkbox"/> YES Child/young person at the site? <input type="checkbox"/> YES	
		Type of notification	
		E-notification <input type="checkbox"/> YES Phone call to Child Abuse Report Line <input type="checkbox"/> YES	
Additional information if relevant (for example advice received in conversation with CARL)			
Principal/Director/Manager name and signature			

**NB: This is a template. Print and store securely (locked file).
Do not save an electronic copy. Do not store in a student's school file.**