

Details of person breaching the Church Child Safe Policy			
Full name:		DOB	
Address:			
Phone Numbers: H:		M :	
Details of Breach			
Description of Breach			
Additional (any other relevant information)			
Date of breach		Date of record	
Immediate action taken			
Reporting			
Have the Police been contacted?	Y <input type="checkbox"/> N <input type="checkbox"/>	Date and time contacted _____	
	Response:		
Has the Department of Child Safety been contacted and consulted?	Y <input type="checkbox"/> N <input type="checkbox"/>	Date and time contacted _____	
	Response:		
Has the church leadership been informed?	Y <input type="checkbox"/> N <input type="checkbox"/>	Date and time contacted _____	
	Response:		

<p>Has the QB Safe Church Officer been contacted?</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> Date and time contacted _____ Response: _____</p>
<p><b>Assessment</b></p>	
<p>Description of the assessment of the breach (nature, severity etc.)</p>	
<p><b>Outcome/s</b></p>	
<p>Consequences determined and implemented</p>	
<p><b>Records</b></p>	
<p>Breach Register No.</p>	<p>[insert number] (e.g. 2nd breach to have occurred is 0002)</p>
<p>Breach added the Breach Register</p>	<p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>
<p>File kept in secured location with restricted access marked "Do not destroy"</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p><b>Declaration – Church Child Safe Coordinator</b>                      <b>Declaration – person in breach</b></p>	
<p>Full name:</p>	<p>Full name:</p>
<p>Date:</p>	<p>Date:</p>
<p>Signature:</p>	<p>Signature:</p>