



# Mandatory Notification Record

Please click check boxes to answer 'Yes'

<b>Name of child/young person including Also Known As:</b>		Type text here	
<b>DOB</b> Type text here	<b>Year level (if applicable)</b> Type text here	<b>Name of site</b> Type text here	
<b>Aboriginal</b>	<input type="checkbox"/> YES		
<b>Torres Strait Islander</b>	<input type="checkbox"/> YES		
<b>Student with disability</b>	<input type="checkbox"/> YES		
<b>Under the Guardianship of the Chief Executive of the Department for Child Protection</b>	<input type="checkbox"/> YES		
<b>Name of notifier</b>	Type text here		
<b>Names of others contributing to notification</b>	Type text here		
<b>Date of notification</b>	Type text here		
<b>Family related</b>		<b>Non-family related</b>	
<input type="checkbox"/> The child or young person has suffered harm (including harm caused by physical, emotional, sexual abuse or neglect). <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: <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: <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. <input type="checkbox"/> Child or young person is homeless or is living somewhere unsafe. <input type="checkbox"/> Concerns about an unborn child.		<b>Adult</b> <input type="checkbox"/> YES Employee/volunteer/contractor at the site? <input type="checkbox"/> YES <b>Minor</b> <input type="checkbox"/> YES Child/young person at the site? <input type="checkbox"/> YES	
		<b>Type of notification</b>	
		<b>E-notification</b> <input type="checkbox"/> YES <b>Phone call to Child Abuse Report Line</b> <input type="checkbox"/> YES	
<b>Additional information if relevant (for example advice received in conversation with CARL)</b>			
Type text here. Document will expand to accommodate the size of comment.			
<b>Principal/Director/Manager name and signature</b>			
Type text here.			
<b>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.</b>			