## Appendix I Confidential Record of Child Abuse Allegation

Before completing this form, please ensure that the steps outlined in Appendix A have been followed and advice has been sought from the relevant child protection agency and/or police.

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| Complainant’s Name:(if other than the child) |  | Date Formal Complaint Received:  |
| Role/status in netball: |  |
| Child’s name: |  | Age: |
| Child’s address: |  |
| Person’s reason for suspecting abuse: (e.g. observation, injury, disclosure) |  |
| Name of person complained about (Respondent): |  |
| Is the Respondent a financial member of Netball NSW? | ❑ Yes ❑ No |
| Role/status in netball: | ❑ Administrator (volunteer) ❑ Parent❑ Athlete/player ❑ Spectator❑ Coach/Assistant Coach ❑ Support Personnel❑ Employee (paid) ❑ Other❑ Official ……………………………….…….……. |
| Witnesses:(if more than 3 witnesses, attach details to this form) | Name (1):Contact details: |
| Name (2):Contact details: |
| Name (3):Contact details: |
| Interim action (if any) taken:(to ensure child’s safety and/or to support needs of the Respondent)) |  |
| Police contacted: | Who:When:Advice provided: |

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| Child Protection agency contacted. | Who:When:Advice provided: |
| CEO or Affiliate President or Secretary contacted. | Who:When: |
| Police investigation (if any). | Finding: |
| Child Protection agency investigation (if any). | Finding: |
| Internal investigation:(if any) | Finding: |
| Action taken: |  |
| Completed by: | Name:Position in Netball NSW/ Affiliate:Signature: Date: / /   |
| Signed by: | Complainant: (if not a child) |

**This record and any notes must be kept in a confidential place and safe place.** If required, the form should be provided to the police and/or relevant child protection agency. Please provide a copy to policy@netballnsw.com