

| Designated Liaison Person Report Form | | | | | | |
|---|-------------------|-----------|-----------|--------------|------|--------|
| | | <u>Th</u> | e Initial | Call Receive | ed_ | |
| Date & Time | | | | | | |
| Event/Camp Name | | | | | | |
| Camp Leader Name & Contact Details | | ct | | | | |
| | | | | | | |
| Volunteer Name & Contact Details | | | | | | |
| | | | | | | |
| Volunteer Name & Contact Details | | | | | | |
| Young Person' | s Details | | | | | |
| Name | | | | | | |
| Address | | | | | | |
| | | | | | | |
| Age/D.O. B | | | | Gender | Male | Female |
| Parent's Name and contact details | Address: | | | | | |
| | | | | | | |
| | Phone Numbers: | | | | | |



| Nature of disclosure/allegation (in words used by person under 18) | | | |
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| Determine the physical and emotional state disclosure. | of the person under 18 as a result of the incident or | | |
| disclosure. | | | |
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| Discourage of the second section of the sec | | | |
| Discuss with the camp leader and note the f | following issues | | |
| Disclosure/allegation made to: | | | |
| Who is the | | | |
| allegation about? | | | |
| Details: | | | |
| Time of | In Group Setting or 1- | | |
| disclosure/allegation | to-1 | | |
| Others present | | | |
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| Context: | | | |
| What led up to the disclosure/allegation, in v | what context was it made? | | |
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| What was said to the person under 18 by the volunteer receiving the disclosure/allegation? |
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| What was said to the person under 18 about how the information would be handled? |
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| What views (if any) did the person under 18 express about how the information should be dealt with? (and to whom were these expressed?) |
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| Does the young | Yes | No | |
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| person require | . 55 | | |
| medical care? | | | |
| Important Note: | moved be advised of the allege | tion union to modical treatment | |
| If yes, details of in | must be advised of the allega | tion prior to medical treatment | |
| ii yes, details of ii | ijuries. | | |
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| Details of any add | ditional action taken or discussion | n which has taken place at the event. | |
| | | to by anyone other than the original volunteer | |
| who received the | | | |
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| Who else at the event is aware of the disclosure/allegation? | | | |
| In what context? | | | |
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| Other relevant information (identify source) | | | |
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| Information | | Source | |
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| If an allegation is made about a volunteer: | | | |
| What is the current status/location of volunteer? | | | |
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| Action to be taken by camp leader regarding volunteer/s | understand the a | r must be asked if they clearly agreement/instruction. [Note agreement expressed here]. | |
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| Responding to the caller | | | |
| Agreement on action to be taken by Designated Liaison Person | | | |
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| Note any concerns or disagreement voiced by Camp Leader | | | |



| Return contact ag | reement: Who? When? How? | |
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| Arrangements for | dealing with young person mea | ntime |
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| Other relevant ma | atters from call | |
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| Action taken by D | esignated Liaison Person | |
| Date/Time | Action /Persons contacted | Agreed further action |
| | | |
| | | |
| Date/Time | Action /Persons contacted | Agreed further action |



| Notes | | | |
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| Signed | | Date & Time | |
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| NAME (Block | <u> </u> | | |
| NAME (Block Capitals) | | | |

Appendix 2