

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



What was said to the person under 18 by the volunteer receiving the disclosure/allegation?
What was said to the person under 18 about how the information would be handled?
What views (if any) did the person under 18 express about how the information should be dealt with? (and to whom were these expressed?)

Does the young person require medical care?	Yes	No
<b>Important Note: Any practitioner must be advised of the allegation prior to medical treatment</b>		
If yes, details of injuries:		
<b>Details of any additional action taken or discussion which has taken place at the event. (for example, has the young person been spoken to by anyone other than the original volunteer who received the disclosure?)</b>		
<b>Who else at the event is aware of the disclosure/allegation? In what context?</b>		

Other relevant information (identify source)	
Information	Source
<b>If an allegation is made about a volunteer:</b>	
What is the current status/location of volunteer?	
Action to be taken by camp leader regarding volunteer/s	The camp leader must be asked if they clearly understand the agreement/instruction. [Note any concern/disagreement expressed here].
<b>Responding to the caller</b>	
Agreement on action to be taken by Designated Liaison Person	
Note any concerns or disagreement voiced by Camp Leader	



