



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

CHILD WELLBEING UNIT AFTER HOURS CONTACT

Use this form to email or fax details of your safety, welfare or wellbeing concern about a child, young person or unborn baby to the Health Child Wellbeing Unit. Save a copy of the completed form in the relevant patient file and email or fax to the CWU. The CWU will aim to respond to your concern on the next business day.

IMPORTANT: Please refer to the Mandatory Reporter Guide prior to completing this form. The MRG outcome was:

If you suspect a child or young person to be at **imminent** risk of significant harm ring the Child Protection Helpline (24/7) on 13 21 11.

Child Wellbeing Unit - 1300 480 420		
NSW Health CWU	Fax	Email
Northern Child Wellbeing Unit – for services in Central Coast, Hunter New England, Mid North Coast or Northern NSW.	02 4924 6208	HNELHD-NCWU@health.nsw.gov.au
Southern Child Wellbeing Unit – for services in Sydney, Northern Sydney, South Eastern Sydney, Illawarra Shoalhaven, Murrumbidgee or Southern NSW.	02 4228 3507	SCHN-CWU@health.nsw.gov.au
Western Child Wellbeing Unit – for services in Western Sydney, South Western Sydney, Nepean Blue Mountains, Far West or Western NSW	02 6881 4112	WNSWLHD-ChildWellbeingUnit@health.nsw.gov.au

Reporter Contact Details

Name: Phone/pager #:

Job title: Health Employee No. or, if a non NSW Health employee, your AHPRA No.:

Workplace: Workplace address:

Email address:

I can be contacted at work in business hours on Time: Date:

hh:mm (pm or am) dd/mm/yyyy

The alternative contact person available during business hours is

Name:

Job title:

Contact details:

Is the alternative contact person aware of the details of your concerns and available for the CWU to contact on the next business day to discuss? Y N



SMR805515

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH606656 150519



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Child and/or young person details

Child/Young person #1

Name (and known aliases):

DOB/EDC (approx age): MRN:

Indigenous status: Gender:

Interpreter required? Primary cultural background:

Language spoken: Contact number:

Residential Address:

School / pre-school attended:

Where is the child/young person and who are they with?

Child and/or young person details

Child/Young person #2

Name (and known aliases):

DOB/EDC (approx age): MRN:

Indigenous status: Gender:

Interpreter required? Primary cultural background:

Language spoken: Contact number:

Residential Address:

School / pre-school attended:

Where is the child/young person and who are they with?

Child and/or young person details

Child/Young person #3

Name (and known aliases):

DOB/EDC (approx age): MRN:

Indigenous status: Gender:

Interpreter required? Primary cultural background:

Language spoken: Contact number:

Residential Address:

School / pre-school attended:

Where is the child/young person and who are they with?

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Parent/carer contact/significant other details

Parent/carer/significant other #1

Name (and known aliases):

DOB (or approximate age): MRN:

Relationship to child/ren and/or young person/s:

Address:

Phone: Mobile:

Current whereabouts:

Parent/carer/significant other #2

Name (and known aliases):

DOB (or approximate age): MRN:

Relationship to child/ren and/or young person/s:

Address:

Phone: Mobile:

Current whereabouts:

Details of safety, welfare and wellbeing concerns if you need more space continue documenting on page 5

Date of the incident/s giving rise to your concerns:

Please detail your concerns for the safety, welfare and wellbeing of the child/ren and/or young person/s including their appearance and behaviours observed and concerns for their parents:

Is the family aware of your contact with the CWU? Yes No

Are there any other significant details you are aware of?

Disability issues Yes No AVOs Yes No Court orders Yes No

Worker Safety issues Yes No Criminal history Yes No



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D.O.B. ____/____/____

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Any other details (if you need more space continue documenting on page 5)

Current response to identified concerns

What is the nature of your ongoing professional role, if any, with the child/ren, young person/s and their parents/carers/significant others?(if you need more space continue documenting on page 5)

Are you aware of any services providing support to the family? (e.g. Child and Family Health, Family Support Service, etc)

What do you perceive the family may need to assist them with the identified concerns?
(if you need more space continue documenting on page 5)

What immediate actions have been taken, including current treatment plans? Specify any referrals made or planned. (if you need more space continue documenting on page 5)

Do you consent to your details being shared with Community Services or another Child Wellbeing Unit?

Yes No

If these concerns are reported to Community Services then referred to NSW Police and NSW Health for criminal investigation, do you consent to your details being provided to NSW Police and other relevant NSW Health staff?

Yes No

Reporter name:

Signature:

print and sign

Date:

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This page is for recording additional details about concerns and actions taken not included earlier in this form.



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