



Barwon Heads Football Netball Club

Child Safe Serious Incident Report

March 2023

Make a report

Please note, if this matter is urgent, please refer directly to the Police on 000 or [Crimestoppers](#) on 1800 333 000. The details in this report may be supplied to the police by BHFNC, where required under law. The Club will make all reasonable efforts to protect your privacy and keep these records confidential.

Please complete all sections and print or post to BHFNC Child Safety Officer
cso@barwonheadsfnc.org.au.

Reporting person's contact details

The Club's Child Safety Officer may need to contact you to discuss the information provided as part of our obligations to investigate and resolve complaints received.

If you choose not to tell us your contact information, the Club may be limited in how we can help.

Your Name	
Your phone number	
Your email	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is it ok to leave a message or send an SMS text?
Any other information you need us to know about contacting you?	

About the problem

Type of incident: *please select all that apply*

<input type="checkbox"/>	Bullying
<input type="checkbox"/>	Physical Violence
<input type="checkbox"/>	Grooming or inappropriate behaviour
<input type="checkbox"/>	Sexual offences / misconduct
<input type="checkbox"/>	Emotional or Psychological Harm
<input type="checkbox"/>	Neglect
<input type="checkbox"/>	Other – please describe

About the person experiencing the harm

Who did the incident happen to, or who was affected?

Name(s) (if known): _____

<input type="checkbox"/>	Me
<input type="checkbox"/>	Member of my family
<input type="checkbox"/>	Friend
<input type="checkbox"/>	Teammate or another BHFNC child
<input type="checkbox"/>	Club Member (player, coach, umpire, team manager or volunteer)
<input type="checkbox"/>	Club Staff (event vendors or external contractor)
<input type="checkbox"/>	Other – please describe
Any further information about the person to help us identify the person(s) being harmed:	

Where and when

If there was more than one incident, please focus your answer on either the most recent or most significant incident

Date(s) of incident	
Time of day (approx.)	

Sporting League (if relevant): please select all that apply

<input type="checkbox"/>	Barwon AFL - Bellarine Football League (Juniors)	Grade / Division:
<input type="checkbox"/>	Barwon AFL - Bellarine Football League (Seniors)	Grade / Division:
<input type="checkbox"/>	Bellarine Netball League (Juniors)	Grade / Division:
<input type="checkbox"/>	Bellarine Netball League (Seniors)	Grade / Division:
<input type="checkbox"/>	Geelong Junior Netball (Tuesday or Friday competition)	
<input type="checkbox"/>	Other representative competition – please describe	

Location of the incident:

<input type="checkbox"/>	BHFNC main clubhouse (upstairs)
<input type="checkbox"/>	Howard Harmer Football Facilities (downstairs club rooms)
<input type="checkbox"/>	Howard Harmer Netball Facilities
<input type="checkbox"/>	Barwon Heads Caravan Park (including toilet facilities or carpark)
<input type="checkbox"/>	Village Park Football / Cricket Club Facilities
<input type="checkbox"/>	Other location – please describe

About the person(s) causing harm

For the purposes of this report BHFNC uses the term 'offender' to describe the person who has allegedly caused the harm.

Offender(s) name (if known): _____

Offender(s) position/role at the club: *please select all that apply*

<input type="checkbox"/>	Player
<input type="checkbox"/>	Coach
<input type="checkbox"/>	Team Manager
<input type="checkbox"/>	Game Official (ie. Scorer, Timekeeper, Umpire)
<input type="checkbox"/>	Medical Staff / Sports Trainer
<input type="checkbox"/>	Club Member (volunteer, spectator, committee member or club official)
<input type="checkbox"/>	Club Staff (event vendors or external contractor)
<input type="checkbox"/>	Player's Parent / Carer
<input type="checkbox"/>	Other – please describe

Any further information about the person to help us identify them:

About the incident

Tell us what happened: *Tell us as much as or as little as you want, even if you remember only some of the details:*

Has this been reported previously, or have you told someone else about this?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	If yes – please provide more details

Do you have any other information you'd like us to know about? *Add an attachment if required*

Do you think anyone else was aware or saw this incident?

<input type="checkbox"/>	No – no one else was around
<input type="checkbox"/>	Unsure
<input type="checkbox"/>	Yes – there were others around who may have witnessed this
<input type="checkbox"/>	If yes – please provide more details

Do you have any other information you'd like us to know about? *Add an attachment if required*

Please email or hand deliver this to the BHFNC Junior Coordinator or Child Safety Officer.

Club Child Safety Officer cso@barwonheadsfnfnc.org.au

Post to:

Child Safety Officer – CONFIDENTIAL –
PO Box 1020
Barwon Heads, Vic 3227