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| Worker and Carer Exclusion Scheme  section 197 report form |
| Any other persons |
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# Worker and Carer Exclusion Scheme

Any person may disclose information to the Social Services Regulator (the Regulator) under section 197 of the *Social Service Regulation Act 2021* (the Act). This includes information about alleged conduct by a worker of carer in scope of the Worker and Carer Exclusion Scheme (WCES) that may lead to an exclusion decision.

Information on the scheme and what to report can be found at <https://www.vic.gov.au/worker-and-carer-exclusion-scheme>.

## Who can complete this form?

This form is for the disclosure of information by any person to the Regulator about alleged conduct of a WCES worker or carer against a WCES service user.

‘Any person’ can mean a victim, a member of the general public, police, a regulator or a provider of social services, whether registered with the Regulator or not.

## How to submit a completed form

A completed section 197 report form must be sent to the Regulator as soon as possible. The form must be password protected and emailed to [WCESdatabase@ssr.vic.gov.au](mailto:WCESdatabase@ssr.vic.gov.au).

If this report relates to multiple WCES service users, a report for each WCES service user affected must be submitted to the Regulator separately.

## Confidentiality

The Regulator may collect, use, and disclose information, including protected information, in certain circumstances to carry out any functions or exercise any powers under the Act. This includes the information collected in this form.

Copies of the completed notification form, and any attached documents you provide, may be supplied to the WCES worker or carer if, following an independent investigation, the matter is subsequently referred to the Panel.

## Assistance

The Regulator may be contacted by telephone 1300 310 778 or via email at [WCESdatabase@ssr.vic.gov.au](mailto:WCESdatabase@ssr.vic.gov.au) if you wish to discuss a report or require help to password protect documents.

# Notifier details

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| --- | --- | --- |
| **First name** |  | |
| **Last name** |  | |
| **Telephone** |  | |
| **Email** |  | |
| **Relationship to the alleged person you are making a report about** (if applicable) |  | |
| **Reporting capacity** | Any other person  Describe: | |
| Representative of a government body | |
| Representative of a regulator | |
| Representative of a service provider | |
| **Organisation details** (if applicable) | Organisation name: | Telephone: |
| Head office address: | Role in organisation: |
| **I am making this report confidentially** | Yes  Describe the reason(s) why you wish to make this report confidentially. | No |

# Subject of allegation details

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** |  | | |
| **Middle name** (if known) |  | | |
| **Last name** |  | | |
| **Other names the person may be known by** (if known) | For example, former names, aliases or nicknames | | |
| **Date of birth** (if known) | DD/MM/YYYY | | |
| **Sex** | Male | Female | Intergender |
| Intersex | Not stated/inadequately described | |
| **Home address** |  | | |
| **Telephone** (if known) |  | | |
| **Email** |  | | |
| **Role or relationship to the person affected** |  | | |
| **Organisation the person works or volunteers for** |  | | |
| **Head of the organisation** (if known) |  | | |
| **Address of the organisation** (if known) |  | | |

# Alleged conduct details

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| --- | --- |
| **Date of alleged conduct** | DD/MM/YYYY |
| **Date you became aware of the alleged conduct** | DD/MM/YYYY |
| **When did the alleged conduct occur?** | In the course of employment |
| Outside the course of employment |
| Unable to specify |
| **Alleged conduct type** | Sexual offence committed against, with or in the presence of a WCES service user | |
| Sexual misconduct against, with or in the presence of a WCES service user | |
| Physical violence committed against, with or in the presence of a WCES service user | |
| Behaviour causing significant psychological harm of a WCES service user | |
| Significant neglect of a WCES service user | |
| **Description of the alleged conduct** | Provide a short, factual description of what occurred. Include detail about how the alleged conduct impacted the affected person and how this view was formed. |
| **Location of the alleged conduct** | Provide an address where possible. |

# WCES service user details

Information on who is in scope of WCES reporting can be found at: <https://www.vic.gov.au/worker-and-carer-exclusion-scheme>

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| **WCES status** | This person is receiving or has received services from a WCES service provider | | |
| This person is seeking or has sought services from a WCES service provider (regardless of whether they received the services) | | |
| This person has the characteristics of a WCES service user | | |
| **First name** |  | | |
| **Middle name** (if known) |  | | |
| **Last name** |  | | |
| **Other names the person may be known by** | For example, former names, aliases or nicknames | | |
| **Date of birth** (if known) | DD/MM/YYYY | | |
| **Sex** | Male | Female | Intergender |
| Intersex | Not stated/inadequately described | |
| **Does the person identify with a diverse cultural background?** | Yes  Describe: | No | Unknown |
| **Does the person have a disability?** | Yes | No | Unknown |

# Witness or other relevant person details

Provide as many details of any witness or relevant person in relation to the matter as possible. If there are more than two persons in relation to the matter, provide their details in the additional information section.

## Person one

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| --- | --- |
| **First name** |  |
| **Middle name** (if known) |  |
| **Last name** |  |
| **Other names the person may be known by** | For example, former names, aliases or nicknames |
| **Date of birth** (if known) | DD/MM/YYYY |
| **Home address** (if known) |  |
| **Telephone** (if known) |  |
| **Email** (if known) |  |
| **Role or relationship to this matter, the subject of allegation or the service user** |  |

## Person two

|  |  |
| --- | --- |
| **First name** |  |
| **Middle name** (if known) |  |
| **Last name** |  |
| **Other names the person may be known by** | For example, former names, aliases or nicknames |
| **Date of birth** (if known) | DD/MM/YYYY |
| **Home address** (if known) |  |
| **Telephone** (if known) |  |
| **Email** (if known) |  |
| **Role or relationship to this matter, the subject of allegation or the service user** |  |

# Police report details

Provide as many details in relation to the matter as possible.

|  |  |  |  |
| --- | --- | --- | --- |
| **Has the alleged conduct been reported to Victoria Police?** | Yes  **Date reported:**  DD/MM/YYYY | No | Unknown |
| **Name of station** |  | | |
| **Contact first name** |  | | |
| **Contact last name** |  | | |
| **Contact telephone** |  | | |
| **Contact email** |  | | |
| **Contact role** |  | | |
| **Are the police investigating the matter?** | Yes | No | Unknown |

# Other report details

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| --- | --- |
| **Has the alleged conduct been reported elsewhere?**  If multiple reports have been made, include the details in the additional information section. | Commission for Children and Young People (CCYP) |
| National Disability Insurance Scheme (NDIS) |
| Victorian Disability Worker Commission (VDWC) |
| Other (provide details) |
| **Date reported** | DD/MM/YYYY |
| **Contact first name** |  |
| **Contact last name** |  |
| **Contact telephone** |  |
| **Contact email** |  |
| **Contact role** |  |

# Additional information

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# Declaration

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| **I declare that to the best of my knowledge, the information given in this form is true and correct** | Yes |
| **Signature** |  |
| **Date** |  |

# Privacy statement

The Social Services Regulator values and is committed to protecting your privacy.

We handle your personal information in accordance with the *Social Services Regulation Act 2021, Privacy and Data Protection Act 2014* (Vic), *Public Records Act 1973* (Vic), *Health Records Act 2001* (Vic) and any other applicable legislation.

For more information about the broader collection, use and disclosure of personal information visit [www.vicgov.au/privacy-vic.govau](http://www.vicgov.au/privacy-vic.govau)

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| To receive this document in another format, phone 1300 310 778 using the National Relay Service 13 36 77 if required, or [email Child Safeguarding Regulations](mailto:WCESdatabase@ssr.vic.gov.au) <WCESdatabase@ssr.vic.gov.au>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Social Services Regulator, June 2024  Available at [The Worker and Carer Exclusion Scheme](https://www.vic.gov.au/worker-and-carer-exclusion-scheme) <https://www.vic.gov.au/worker-and-carer-exclusion-scheme> |