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| Worker and Carer Exclusion Scheme |
| Report form |
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## Worker and Carer Exclusion Scheme

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

[More information on the scheme and what to report](https://www.vic.gov.au/worker-and-carer-exclusion-scheme).

## Who can complete this form?

This form can be completed by any person. ‘Any person’ includes, but is not limited to, social service providers (whether registered with the Regulator or not), a victim survivor, a member of the public or a government body.

### Registered social service providers

Social service providers registered with the Regulator must use this form to notify the Regulator as soon as reasonably practicable of any:

* incident that results in serious harm to a WCES service user during service delivery
* incident that is reasonably likely to cause serious harm to a WCES service user during service delivery.

## Who is a WCES worker or carer?

For the purposes of this form, a WCES worker or carer is the adult who’s conduct you are reporting.

## Who is a WCES service user?

For the purposes of this form, a WCES service user is the child the report you are making relates to.

## How to submit the form

1. Provide as much information as you can. This will assist the Regulator to take appropriate action. Text boxes are expandable and are not limited to the size on the page
2. Protect the form with a password
3. Email all the form and any other documents supporting your report to WCESdatabase@ssr.vic.gov.au.

**Note:** if your report relates to multiple children, a form must be completed for each child the matter relates to.

## Assistance

If you are unsure whether you should submit a form, or require assistance completing the form, you can contact the Regulator by telephone on 1300 310 778 or via email at WCESdatabase@ssr.vic.gov.au.

## 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 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.

## Report details

### Your details

Your contact details will assist the Regulator to verify and respond to an allegation. You can choose not to provide your details, but this may limit the Regulator in taking any action in relation to the matter.

|  |  |
| --- | --- |
| **First name** |  |
| **Last name**  |  |
| **Preferred name** |  |
| **Telephone**  |  |
| **Email** |  |
| **Reporting capacity**  | [ ]  Any other person |
| Describe your relationship:  |
| [ ]  Representative of a government body |
| [ ]  Representative of a service provider  |
| **Your organisation details** (if applicable) | Organisation name: |
| Head office address: |
| Postal address: |
| Organisation telephone: |

### Adult’s details

This is the worker or carer who is alleged to have committed the reportable conduct.

|  |  |
| --- | --- |
| **First name** |  |
| **Middle name** |  |
| **Last name**  |  |
| **Aliases** (include nicknames, preferred names and previous given/last names)  |  |
| **Date of birth** |  |
| **Sex** | [ ]  Male | [ ]  Female | [ ]  Intergender/nonbinary |
| [ ]  Intersex | [ ]  Unknown |
| **Home address** |  |
| **Telephone** |  |
| **Email** |  |
| **Organisation(s) the person works or volunteers for** |  |
| **Organisational role or relationship to the child** |  |

### Child’s details

This is the person who was harmed or who is at risk of harm.

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| --- | --- |
| **First name** |  |
| **Middle name** |  |
| **Last name**  |  |
| **Aliases** (include nicknames, preferred names and previous given/last names)  |  |
| **Date of birth** |  |
| **Sex** | [ ]  Male | [ ]  Female | [ ]  Intergender/nonbinary |
| [ ]  Intersex | [ ]  Unknown |
| **The child’s circumstances** | [ ]  The child is currently in, or was in, Secure Care |
| [ ]  The child is currently in, or was in, residential care |
| [ ]  The child is currently in, or was in, foster care  |
| [ ]  Another type of placement or interaction. This includes circumstances where the child is or was being assessed for accommodation outside of their family home, regardless of whether the child was placed. Describe: |
| **Indigenous status** | ​​☐​ Aboriginal but not Torres Strait Islander  ​​☐​ Torres Strait Islander but not Aboriginal  ​​☐​ Both Aboriginal and Torres Strait Islander ​​☐​ Neither Aboriginal nor Torres Strait Islander ​​☐​ Unknown   |
| **Does the child identify with a diverse cultural background?** | [ ]  Yes Describe:  |
| [ ]  No |
| [ ]  Unknown |
| **Does the child have a disability?** | [ ]  Yes Describe:  |
| [ ]  No |
| [ ]  Unknown |

### Details of the allegation

|  |  |
| --- | --- |
| **Alleged conduct type** | [ ]  Sexual offence |
| [ ]  Sexual misconduct |
| [ ]  Physical violence |
| [ ]  Behaviour causing significant psychological harm |
| [ ]  Behaviour causing significant emotional harm |
| [ ]  Significant neglect (includes financial and cultural harm)  |
| **When did the alleged conduct by the worker or carer occur?** | [ ]  During employment (including volunteering) |
| [ ]  Outside of employment (including volunteering)  |
| [ ]  UnsureDescribe: |

|  |  |
| --- | --- |
| **Impact of conduct** | [ ]  serious harm to the child has occurred |
| [ ]  serious harm was reasonably likely to occur to the child |

|  |  |
| --- | --- |
| **Date(s) or date range of alleged conduct** |  |
| **Date you (or your organisation) became aware of the alleged conduct** |  |
| **Location(s) of the alleged conduct** Provide an address where possible. |  |
| **Summary of the allegations**Provide details on: * who was involved
* who was present
* what happened
* when it happened
* where it happened
* how often it occurred and
* how the alleged conduct has impacted the child and how you came to this conclusion.

If you require more space, the text box is expandable. There is no character limit.  |  |

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| --- | --- |
| **Is the child subject to this report still in the care of the subject/carer?** | [ ]  Yes Describe:  |
| [ ]  No  |
| **Do you know if the subject/carer is proving care for any other children?**  | [ ]  Yes Describe: |
| [ ]  No  |
| [ ]  Unknown |

## Service provider response

**This section is mandatory for registered service providers.**

If you are not making a report on behalf of a registered service provider for an incident that has caused serious harm, or was reasonably likely to cause serious harm to a child during service delivery, skip this section and go to [Witness or other relevant person details](#_Witness_or_other) below

## Incident details

|  |  |  |
| --- | --- | --- |
| **Incident reported to the Department of Families, Fairness and Housing Client Information Management System (CIMS)?** | [ ]  Yes  | [ ]  No |
| **CIMS reference number** |  |
| **Client Information Record System (CRIS) number**  |  |

### Response to incident

|  |  |  |  |
| --- | --- | --- | --- |
| **Has the staff member subject to the allegation been removed service or stood down?** | [ ]  Yes  | [ ]  No | [ ]  Not applicable |
| **Details**Provide details on why/why not the person subject to the alleged conduct has/has not been removed from service or stood down |  |
| **Has an internal investigation by the service provider into the allegation been completed?**  | [ ]  Yes  | [ ]  No | [ ]  In progress |
| **Details** Provide details on why, or why not an internal investigation into the alleged conduct has been initiated |  |
| **Has the next of kin/guardian/key support person/person nominated been notified of this incident?** | [ ]  Yes  | [ ]  No | [ ]  Not applicable |
| **What other actions or responses have been taken to address the immediate health and safety concerns of the child impacted?** |  |

## Witness or other relevant person details

If there are more than three people related to the incident, provide their details in the additional information section.

## Person one

|  |  |
| --- | --- |
| **First name** |  |
| **Middle name** |  |
| **Last name**  |  |
| **Aliases** (include nicknames, preferred names and previous given/last names)  |  |
| **Date of birth** |  |
| **Home address** |  |
| **Telephone** |  |
| **Email** |  |
| **Role or relationship to the incident/subject of allegation or child** |  |

## Person two

|  |  |
| --- | --- |
| **First name** |  |
| **Middle name** |  |
| **Last name**  |  |
| **Aliases** (include nicknames, preferred names and previous given/last names)  |  |
| **Date of birth** |  |
| **Home address** |  |
| **Telephone** |  |
| **Email** |  |
| **Role or relationship to the incident/subject of allegation or child** |  |

## Person three

|  |  |
| --- | --- |
| **First name** |  |
| **Middle name** |  |
| **Last name**  |  |
| **Aliases** (include nicknames, preferred names and previous given/last names)  |  |
| **Date of birth** |  |
| **Home address** |  |
| **Telephone** |  |
| **Email** |  |
| **Role or relationship to the incident/subject of allegation or child** |  |

## Further details

### Police report

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| --- | --- | --- |
| **Has the matter been reported to Victoria Police?** | [ ]  Yes | [ ]  No |
| **Date reported** |  |
| **Name of station or unit** For example, Sexual Offences and Child Abuse Team (SOCIT)  |  |
| **Police contact details** |
| **First name** |  |
| **Last name**  |  |
| **Telephone** |  |
| **Email** |  |
| **Role** |  |
| **Are the police investigating the matter?**  | [ ]  Yes | [ ]  No | [ ]  Unknown |

### Other report details

|  |  |  |
| --- | --- | --- |
| **Has this matter been reported anywhere else?**  | [ ]  Yes | [ ]  No |
| **Where?**  | [ ]  Commission for Children and Young People (CCYP) |
| [ ]  National Disability Insurance Scheme (NDIS) |
| [ ]  Victorian Disability Worker Commission (VDWC) |
| [ ]  OtherProvide details:  |
| **Date reported to the organisation** |  |
| **Contact details for the organisation the matter was reported to**  |
| **First name** |  |
| **Last name**  |  |
| **Telephone** |  |
| **Email** |  |
| **Role** |  |

## Attachments

Identify which documents you are proving to the Regulator in relation to this report. Documents to support a report should be emailed to WCESdatabase@ssr.vic.gov.au. Add extra lines if required.

**Note:** services providers must provide the CIMS incident report or investigation report to the Regulator when available.

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| **Document type** |
| [ ]  CIMS incident report  |
| [ ]  CIMS investigation report |
| [ ]  Reportable Conduct investigation findings  |
| **Other** (add extra lines if required) |
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## Additional information

Use this text box to provide any additional information that you feel is relevant but has not been captured in the body of the report. The text box is expandable, there is no character limit.

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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** |
| **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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