

## **Connecting Supporting Equipping**

| <b>Section B1</b> – Please describe, using the exact words used, the disclosure of abuse and additional statements shared by the person under 18. Please include any ancillary observations leading up to and following the disclosure (e.g., scheduled activity, behaviour, state of mind) |                    |  |  |  |  |  |
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| Section B2 - Has the camp leader spoken with the person under 18 following the disclosure?  |                    |  |  |  |  |  |
| Team Leader's<br>Name   | Name of<br>Witness |  |  |  |  |  |
| If the answer is Yes, please provide a record of what was said.   |                    |  |  |  |  |  |
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| Section B3 – Did the circumstances necessitate contacting the parents?     |                    |   | No |  |  |  |  |
|--|--------------------|---|----|--|--|--|--|
| Who Contacted the Parents?   | ,                  |   |    |  |  |  |  |
| If the answer is <u>Yes</u> , please provide a record of what was said.    |                    |   |    |  |  |  |  |
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| Section B4 – Has the person under 18 identified the alleged abuser? Yes No |                    |   |    |  |  |  |  |
| Name of Accused  | Role of<br>Accused | , |    |  |  |  |  |
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| <b>Section B5</b> – Please provide a record of the actions taken by the camp leader.   |            |           |          |           |  |  |  |
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| <b>Volunteers Under 18:</b> If the allegation was made to a volunteer under the age of 18, please provide the volunteer's name and date of birth. The Designated Contact Person will contact the volunteer's parents and inform them of how Scripture Union is managing the situation. |            |           |          |           |  |  |  |
| Volunteer's<br>Name  |            | Date o    | of Birth |           |  |  |  |
| Details of the Person Completing the Disclosure Report Form  |            |           |          |           |  |  |  |
| Name   |            | Camp Rol  | е        |           |  |  |  |
|  |            |           |          |           |  |  |  |
| Address  |            |           |          |           |  |  |  |
| Contact Number   |            |           |          |           |  |  |  |
|  |            |           |          |           |  |  |  |
|  | Signatures |           |          |           |  |  |  |
| Reported By  | Signatures | Date      |          | Time      |  |  |  |
| Reported By  Camp Leader   | Signatures | Date Date |          | Time Time |  |  |  |