

# **SIMONDS CATHOLIC COLLEGE**

# **School Community Safety Order**

# **Review Form**

This form is to be completed by the subject of a School Community Safety Order (order) and/or relevant persons assisting the subject who wish to have a decision regarding an order reviewed.

This form must be received by the designated reviewer as soon as practicable after an order is issued.

It is important that you keep a copy of this form for your records.

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| School Information |
| School name: |  |
| Principal: |  |
| Authorised person |  |

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| --- |
| Student Information |
| Name: |  |
| Date of birth: |  |
| Gender: |  |
| Year level: |  |

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| --- |
| Subject Information |
| Name: |  |
| Address: |  |
| Phone: |  | Email: |  |
| Support needs: | *Do you require any specific assistance to participate in a meeting?* |

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| Carer’s/relevant person’s Information |
| Name: |  |
| Date of birth: |  |
| Phone: |  | Email: |  |

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| Incident Information |
| *Please provide brief details of the circumstances leading to the issuing of the order by the authorised person:* |

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| Reason/s for Review |
| There have not been sufficient interventions/strategies utilised prior to the decision to issue the order.Yes/No |
|  |
| The grounds on which the order was issued are unfair.Yes/No |
|  |
| Other extenuating circumstances.Yes/No |
|  |

Subject’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carer’s / relevant persons’ signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Responsible director** | Director of Learning and Regional Services |
| **Policy owner** | General Manager, Legal and Professional Standards |
| **Approving authority** | Director, Learning and Regional Services |
| **Approval date** | 14 September 2022 |
| **Date of next review** | September 2024 |