

# 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.

## School Information

School name:	
Principal:	
Authorised person	

## Student Information

Name:	
Date of birth:	
Gender:	
Year level:	

## Subject Information

Name:			
Address:			
Phone:		Email:	
Support needs:	<i>Do you require any specific assistance to participate in a meeting?</i>		

## Carer's/relevant person's Information

Name:			
Date of birth:			
Phone:		Email:	

## Incident Information

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

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: \_\_\_\_\_

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