

Emmaus College Community Safety Order Internal 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	bn
School name:	
Principal:	
Authorised person	

Student Informat	ion
Name:	
Date of birth:	
Gender:	
Year level:	

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

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 the order.				
		Y	′es/No	
The grounds on which	the order was issued are unfair.	Y	′es/No	
Other extenuating circ	umstances.	Y	′es/No	
NAME OF				
PARENT/GUARDIAN /CARER/RELEVANT PERSON:	Signature:	Date:		
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 Date of next review 14 September 2022

September 2024