

CHILD PROTECTION REFERRAL FORM

SG-09

CONFIDENTIAL

About the suspicion/concern/allegation

Date of suspicion/concern/allegation: _____

Time of disclosure/concern/suspicion: _____

How was information received? (attach any written information to this form)

Telephone Letter Email In person (circle as appropriate)

Details of person making disclosure/raising concern (if different from complainant)

Name: _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____

Relationship to complainant: _____

Details of complainant (this can be anonymised when notifying the NBSCCCI)

Name: _____ DOB/age: _____

Address: _____

Telephone: _____ Mobile: _____

Ethnic origin: _____ Language (is interpreter/signer needed?): _____

Disability: _____ Special needs: _____

Church body (if applicable): _____

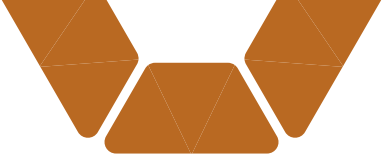
Parent/carer details (where appropriate)

Name: _____

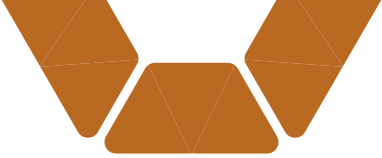
Address (if different from above): _____

Telephone: _____ Mobile: _____

Are they aware of the suspicion, allegation or complaint?
Yes No



Details of respondent	
Name: _____ DOB/age: _____	
Address: _____ _____	
Telephone: _____ Mobile: _____	
Relationship to complainant (parent/priest/teacher, etc.): _____	
Position in Church body: _____	
Address at time of incident: _____	
Current contact with children if known (e.g. sits on board of governors of school, runs youth activities, etc.): _____	
Any additional information: _____ _____ _____	
Details of concern, allegation or complaint (Include dates/times and location the incident occurred, and any witnesses, if known. Does the child/complainant know this referral is being made?) _____ _____ _____	
Referral to the statutory authorities Has the matter been referred to the statutory authorities? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the answer to the question above is yes , please complete the details below. If the answer is no, please explain why the matter was not referred to the statutory authorities.	
Tusla	Gardaí
Date referred: _____	Date referred: _____
Time referred: _____	Time referred: _____
Name of person it was referred to: _____	Name of person it was referred to: _____
Designation: _____	Designation: _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____
Email: _____	Email: _____



Referral to a member of the Church (ONLY COMPLETE IF THE ALLEGATION RELATES TO CHURCH PERSONNEL)

Has the matter been referred to the Church authority?

Yes No

Date referred: _____

Time referred: _____

Name of person it was referred to: _____

Designation: _____

Address: _____

Telephone: _____

Email: _____

Next steps (ONLY COMPLETE IF THIS ALLEGATION RELATES TO A CLERIC OR RELIGIOUS)

What actions have been taken (if any) by the Church, in relation to the respondent, to safeguard children following receipt of this information?

Sign off

DLP name: _____

DLP address: _____

DLP telephone: _____

DLP email: _____

DLP signature: _____