

Form for Reporting Child Protection Concerns

Private and Confidential

In case of emergency or outside Health Board hours, contact should be made with An Garda Síochána.

A. To Principal Social Worker, Child Protection Officer: _____
This will be printed as relevant to each Community Care Area.

1. Details of Child

Name: _____ Male Female

Address: _____

Age/D.O.B.: _____
 School: _____

1a. Name of Mother: _____ Name of Father: _____
 Address of Mother if different to Child: _____ Address of Mother if different to Child: _____

Telephone Number: _____ Telephone Number: _____

1b. Care and custody arrangements regarding child if known:

1c. Household Composition:

Name	Relationship to Child	Date of Birth	Additional Information eg. School/Occupation

Note: A separate report form must be complete in respect of each child being reported.

2. Details of concern(s), allegation(s) or incidents(s) dates, times, those present, description of any observed injuries, parents' view(s), child's view(s) if know.

3. Details of person(s) allegedly causing concern in relation to the child:

Name: _____ Age: _____ Male Female

Address: _____

Relationship to Child: _____

Occupation: _____

4. Name and Address of other personnel or agencies involved with this child:

Social Workers: _____ School: _____

Public Health Nurse: _____ Gardaí: _____

G.P: _____ Pre-School/Crèche/Youth Club: _____

Hospital: _____

Other, Specify e.g. Youth Groups, After School Clubs: _____

5. Are Parents/Legal Guardians aware of this referral to the Social Work Department?

Yes No

If Yes, what is their attitude? _____

6. Details of Person Reporting Concerns:

Name: _____ Occupation: _____

Address: _____

Telephone Number: _____

Nature and extent of contact with Child/Family: _____

7. Details of Person completing form:

Name: _____ Date: _____

Occupation: _____ Signed: _____