**2.1A Template 1: Child Protection Referral Form**

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| **Child Protection Referral Form** |
| **About the allegation/concern/suspicion**  Date of allegation/concern/suspicion:  Time of disclosure/concern/suspicion:  How was information received? *(attached any written information to this form)*  Telephone : Letter: Email: In person: [circle as appropriate] |
| **Details of person making disclosure/raising concern**  Name:  Address:  Tel: Mobile:  Email:  Relationship to complainant: |
| **Details of complainant**  Name: DOB/ age:  Address:  Tel: 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:  Tel: Mobile:  Are they aware of the allegation, suspicion or complaint?  Yes: No: |

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| **Details of respondent**  Name: DOB/Age  Address:  Tel: Mobile:  Relationship to complainant: *( parent/Priest/teacher etc.)*  Position in Church body:  Address at time of incident(s):  Current contact with children if known: *( sit 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(s) occurred, witnesses, if known. Do the child / complainant know this referral is being made?)* | |
| **Referral to the statutory authorities** | |
| Has the matter been referred to the statutory authorities?  Yes No: | |
| 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/HSCT**  Date referred:  Time referred:  Name of person it was referred to  Designation:  Address:  Tel No:  Email | **Gardai/PSNI**  Date referred:  Time referred:  Name of person it was referred to:  Designation:  Address:  Tel No:  Email |

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| **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:  Tel No:  Email |
| **Next Steps (ONLY COMPLETE IF THIS ALLEGATION RELATES TO A CLERIC OR RELIGIOUS)**  What actions have been taken (if any) in relation to the respondent by the Church to safeguard children following receipt of this information? |
| **Sign Off**  DLP Name:  DLP Address:  DLP Tel No:  DLP Email:  DLP Signature: |