**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/AgeAddress: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 toDesignation: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 toDesignation: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: |