



## 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 ☐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**

Date referred: \_\_\_\_\_

Time referred: \_\_\_\_\_

Name of person it was referred to: \_\_\_\_\_

Designation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Gardaí**

Date referred: \_\_\_\_\_

Time referred: \_\_\_\_\_

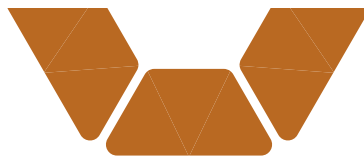
Name of person it was referred to: \_\_\_\_\_

Designation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

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?

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sign off**

DLP name: \_\_\_\_\_

DLP address: \_\_\_\_\_

DLP telephone: \_\_\_\_\_

DLP email: \_\_\_\_\_

DLP signature: \_\_\_\_\_