

## FORM 2.1A (1) - Child Protection Referral Form

Child Protection Referral Form	
<b>About the suspicion/concern/allegation</b>	
Date of suspicion/concern/allegation:	
Time of disclosure/concern/suspicion:	
How was information received? <i>(attach any written information to this form)</i>	
Telephone	Letter      Email      In person <i>(circle as appropriate)</i>
<b>Details of person making disclosure/raising concern (if different from complainant)</b>	
Name:	
Address:	
Telephone:	Mobile:
Email:	
Relationship to complainant:	
<b>Details of complainant (this can be anonymised when notifying the NBSCCCI)</b>	
Name:	DOB/age:
Address:	
Telephone:	Mobile:
Ethnic origin:	Language (is interpreter/signer needed?):
Disability:	Special needs:
Church body <i>(if applicable)</i> :	
<b>Parent/carer details (where appropriate)</b>	
Name:	
Address (if different from above):	
<b>Telephone:</b>	Mobile:
Are they aware of the suspicion, allegation or complaint?      Yes <input type="checkbox"/> No <input type="checkbox"/>	

**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 management 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:

**Gardaí**

Date referred:  
 Time referred:  
 Name of person it was referred to:  
 Designation:  
 Address:

Telephone:  
 Email:

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?

**Sign off**

DLP name: DLP

Address:

DLP telephone: DLP

Email:

DLP signature: