



FORM 2.1A (1) - Child Protection Referral Form

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 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:

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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: