

standard 2



procedures for responding to child protection
suspicions, concerns, knowledge or allegations
guidance for indicator 2.1



2.1A Template 1: Child Protection Referral Form

When completing this form any information which you feel would directly identify the respondent or complainant should be removed

About the suspicion/concern/knowledge/allegation

Date of suspicion/concern/knowledge/allegation:

Date information received:

Date sent to NBSCCCI

Details of complainant

DOB:

Age at the time of the suspicion/concern/knowledge/allegation:

Details of respondent (Name must be anonymised with notifying the NBSCCCI)

Name:

Name of Church body at time of the suspicion/concern/knowledge/allegation:

Name of current Church body (if different from above):

DOB/age:

Date of Death if applicable:

Relationship to complainant (parent/priest/teacher, etc):

Role in Church body (priest in parish/brother/sister/teacher in school):

Current contact with children if known (e.g. sits on board of governors of school, runs youth activities etc):

Any additional Information

Details of suspicion, concern, knowledge or allegation

(Include dates/times the incident occurred; the type of abuse that is being alleged (sexual, physical, emotional or neglect); any witnesses(anonymised), if known; and whether the complainant knows 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	Gardaí/PSNI
Date referred: Time referred: Name of person it was referred to: Designation: Address: Telephone: Email:	Date referred: Time referred: Name of person it was referred to: Designation: Address: Telephone: Email:

Referral to member of the Church (ONLY COMPLETE IF THE ALLEGATION RELATES TO CHURCH PERSONNEL)

Has the matter been referred to the Church authority Yes ☐ No ☐

Name of Church body:

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 for DLP	Sign off for Mandated Persons (ROI only)
DLP name: DLP Address:	This section must be completed if the person making the referral is a mandated person (as defined in Children First 2015)
DLP telephone: DLP Email: DLP Signature:	Name: Signature: