

# Form for Reporting Child Protection Concerns

**Private and Confidential**

In case of emergency or outside Health Board hours, contact should be made with An Garda Síochána.

A. To Principal Social Worker, Child Protection Officer: \_\_\_\_\_  
*This will be printed as relevant to each Community Care Area.*

**1. Details of Child**

Name: \_\_\_\_\_ Male  Female

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

\_\_\_\_\_

\_\_\_\_\_ Age/D.O.B.: \_\_\_\_\_

\_\_\_\_\_ School: \_\_\_\_\_

1a. Name of Mother: \_\_\_\_\_ Name of Father: \_\_\_\_\_

Address of Mother if different to Child: \_\_\_\_\_ Address of Mother if different to Child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

1b. Care and custody arrangements regarding child if known:

\_\_\_\_\_

\_\_\_\_\_

**1c. Household Composition:**

Name	Relationship to Child	Date of Birth	Additional Information eg. School/Occupation

**Note: A separate report form must be complete in respect of each child being reported.**

2. Details of concern(s), allegation(s) or incidents(s) dates, times, those present, description of any observed injuries, parents' view(s), child's view(s) if know.

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3. Details of person(s) allegedly causing concern in relation to the child:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

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

Relationship to Child: \_\_\_\_\_

Occupation: \_\_\_\_\_

4. Name and Address of other personnel or agencies involved with this child:

Social Workers: \_\_\_\_\_ School: \_\_\_\_\_

Public Health Nurse: \_\_\_\_\_ Gardaí: \_\_\_\_\_

G.P.: \_\_\_\_\_ Pre-School/Crèche/Youth Club: \_\_\_\_\_

Hospital: \_\_\_\_\_

Other, Specify e.g. Youth Groups, After School Clubs: \_\_\_\_\_

5. Are Parents/Legal Guardians aware of this referral to the Social Work Department?

Yes  No

If Yes, what is their attitude? \_\_\_\_\_

6. Details of Person Reporting Concerns:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

Nature and extent of contact with Child/Family: \_\_\_\_\_

7. Details of Person completing form:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Signed: \_\_\_\_\_