

PRIVATE AND CONFIDENTIAL
STANDARD FORM FOR REPORTING CHILD PROTECTION AND/OR WELFARE
CONCERNS

In case of emergency or outside Health Service Executive office hours, contact should be made with An Garda Síochána

A. To Principal Social Worker or Duty Social Worker : _____

1. Details of Child

Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address		
Age/D.O.B	School	

1a. Details of Parents

Name of Mother:	Name of Father:
Address of Mother if different to Child:	Address of Father if different to Child:
Telephone Number:	Telephone Number:

1b. Care and Custody arrangements regarding child, if known:

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1c. Household Composition

Name	Relationship to Child	Date of Birth	Additional Information e.g school/occupation

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

2. Details of concern(s), allegation(s) or incident(s) dates, times, who was present, description of any observed injuries, parent's view(s), child's view(s) (if known).

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

Name	Age	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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 (Please see Guidance Notes re Limitations of Confidentiality)

Name	Occupation
Address	
Telephone Number	
Nature and extent of contact with Child/Family:	

7. Details of Person completing form:

Name	Date
Occupation	Signed