

## Appendix 6 Reporting Allegations or Suspicions of Abuse

### Standard Form for Reporting Child Protection and/or Welfare Concerns to the HSE.

This form has been re-produced from Children First -  
National Guideline for the Protection and Welfare of Children

### PRIVATE AND CONFIDENTIAL

**In case of Emergency or outside of HSE hours, contact should be made with An Garda Síochána.**

**A.** To Principal Social Worker/Designate: \_\_\_\_\_  
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 Father 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 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.**

**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 etc.): \_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_