



2.1A TEMPLATE 1: CHILD SAFEGUARDING REPORTING FORM

This form is laid out in three sections.

1. A section that relates to the information that was received. Please remember you may not be able to complete all of the fields in this form and not all sections will be relevant to a particular concern (NI Only).
2. A section for the person who received the information to complete. This must be completed for each allegation (NI Only).
3. A section for the RCB Safeguarding Casework Team to Complete (NI and ROI).

SECTION 1 - DETAILS OF THE INFORMATION RECEIVED

Name of the complainant:	
Age:	Date of Birth:
Address:	
	Postcode:
Tel:	
Names of parents /carers:	
Address if different from above:	
<p>What is the nature of the concern? (Include dates of incidents and descriptions of injuries if provided alongside any practical information you may have such as the name of the complainant's GP, school or other children in their household)</p>	



State the name of the person the complainant has spoken to with the date, time and place:

If a complainant has made an allegation of abuse, record what was said:

If an adult has expressed concern in relation to the safety of a child, record if he/she is expressing his/her own worries or passing on those from another adult. Record the concerns and ask him/her to confirm that the details as written are correct.

Have possible signs or indicators of harm been identified?

Yes:

No:

If yes, please outline below including any need for medical attention:

Record the name(s) of the person(s) alleged to have harmed the complainant:



SECTION 2 - TO BE COMPLETED BY THE PERSON WHO RECEIVED THE ALLEGATION FROM THE COMPLAINANT

Name of person who received the suspicion, concern, knowledge or allegation:

Role of the person in the Parish/Diocese:

Contact details of the person who received the suspicion, concern, knowledge or allegation:

Signed:

Date:



SECTION 3 - TO BE COMPLETED BY THE RCB CASEWORK TEAM

Have the PSNI/Gardai been contacted about the suspicion, concern, knowledge or allegation? Yes: No:

Date:

Casework Team staff member who made contact:

Name of PSNI/Garda:

Tel:

Email:

Was a referral made? Yes: No:

Crime or Incident Number:

Have Gateway Team/Tusla been contacted about the suspicion, concern, knowledge or allegation? Yes: No:

Date:

Casework Team staff member who made contact:

Name of Social Worker:

Tel:

Email:

Was a referral made? Yes: No:

Referral Number:





Has the suspicion, concern, knowledge or allegation been given to the Bishop and Diocesan Safeguarding Panel? Yes: No:

Date:

Casework Team staff member who informed the Bishop and Diocesan Safeguarding Panel:

Contact details of Panel contact person:

Has the person who made the suspicion, concern, knowledge or allegation been notified of the referral process? Yes: No:

Date:

Name of person who notified the original referrer:

Any additional actions taken?

