

**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