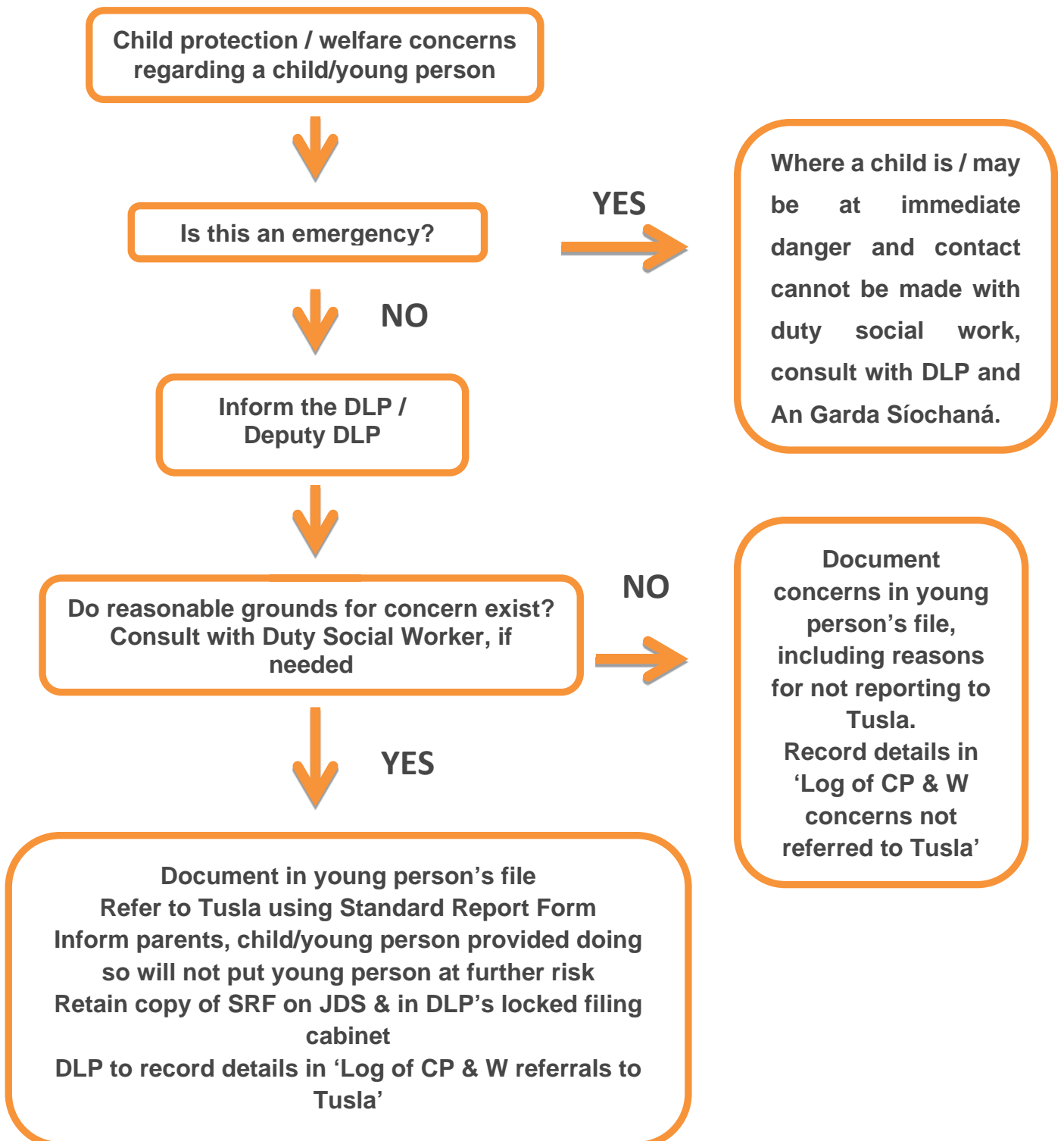


Appendix A

Child Protection Reporting Procedure Flowchart



Appendix B

Child Protection Reporting Procedure

CONCERN

If you have a concern about the protection / welfare of a child / young person

CONTACT

Designated Liaison Person:

Deputy Designated Liaison Person:

CONSULT

According to our Child Protection & Welfare Policy the Designated Liaison Person may be required to report to Tusla / Gardaí.

Contact Telephone Numbers


Duty Social Work (Tusla):

Out of Hours Social Work:

Local Garda Station:

This poster should be displayed so it is visible to workers.

Appendix C: Sample Standard Report Form

		An Ghnóimhaidreacht um Leasúil agus an Teaghlach Child and Family Agency		FORM NUMBER: CC01:01:01	
<h2 style="margin: 0;">STANDARD REPORT FORM</h2> <p style="margin: 0;"><i>(For reporting CP&W Concerns)</i></p>					
A. To Principal Social Worker/Designate: _____					
1. Date of Report <input style="width: 150px; height: 20px;" type="text"/>					
2. Details of Child					
Name:	<input style="width: 95%;" type="text"/>		Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Address:	<input style="width: 95%;" type="text"/>	DOB	<input style="width: 100%;" type="text"/>		
		School	<input style="width: 100%;" type="text"/>		
Alias	<input style="width: 95%;" type="text"/>	Correspondence address (if different)	<input style="width: 100%;" type="text"/>		
Telephone	<input style="width: 95%;" type="text"/>	Telephone	<input style="width: 100%;" type="text"/>		
3. Details of Persons Reporting Concern(s)					
Name:	<input style="width: 95%;" type="text"/>	Telephone No.	<input style="width: 100%;" type="text"/>		
Address:	<input style="width: 95%;" type="text"/>	Occupation	<input style="width: 100%;" type="text"/>		
		Relationship to client	<input style="width: 100%;" type="text"/>		
Reporter wishes to remain anonymous <input type="checkbox"/>		Reporter discussed with parents/guardians <input type="checkbox"/>			
4. Parents Aware of Report					
Are the child's parents/carers aware that this concern is being reported				Yes	No
				- Mother	<input type="checkbox"/>
				- Father	<input type="checkbox"/>
Comment	<input style="width: 95%;" type="text"/>				
5. Details of Report <i>(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.)</i>					
<div style="border: 1px solid black; padding: 10px; min-height: 100px;"></div>					

10.13.7.13 (14 Jan '14) (ump)



An Ghlionbhíreacht um
Teasaí agus an Teaghlach
Child and Family Agency

FORM NUMBER: CC01:01:01

STANDARD REPORT FORM

(For reporting CP&W Concerns)

6. Relationships

Details of Mother		Details of Father	
Name:		Name:	
Address: (if different to child)		Address: (if different to child)	
Telephone No's:		Telephone No's:	

7. Household composition

Name	Relationship	DOB	Additional Information e.g. School/ Occupation/Other:

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

	Name	Address
Social Worker		
PHN		
GP		
Hospital		
School		
Gardaí		
Pre-School/ Crèche/ YG		
Other (specify):		

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

Relationship to child:		Age:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Name:			Occupation:				
Address:							

10. Details of person completing form

Name:		Occupation:	
Address:		Telephone No's:	
Signed		Date:	

10.13.7.13 (14 Jan '14) (ump)