

Child Protection Recording

Form 15



Safeguarding
CHILDREN
Killaloe

For use by Parish Staff Member/Volunteer/Parishioner or Diocesan Designated Person(s) to record details of a Child Protection concern. A copy of this form must be sent to the Diocesan Designated Person / Director of Safeguarding. The information on this form is **Confidential**. All copies must be stored in a secure location.

1

Details of Child or Alleged Victim

Name: _____ Male: Female:

Address: _____

Parish: _____ School: _____ Age: _____

2

Details of Parent / Guardian

Name: _____

Address: _____

Tel. No. (Land) _____ Mobile: _____

Has the Parent/Guardian been made aware of the allegation, suspicion, complaint? Yes: No:

3

Details of concern, allegation, complaint

Include dates / times and location the incident(s) occurred, witnesses, if known.

Does the child / complainant know this referral is being made? Yes: No:

4	Details of person(s) allegedly causing concern in relation to the child
<p>Name: _____ Male: <input type="checkbox"/> Female: <input type="checkbox"/></p> <p>Address: _____ _____</p> <p>Relationship to the child / complainant (parent, priest, teacher etc.) _____</p>	
If you are not a Parish Safeguarding Rep. please complete sections 5 and 6	
5	Details of Person reporting the concern
<p>Name: _____</p> <p>Address: _____ _____</p> <p>Tel. No. (Land) _____ Mobile: _____</p> <p>Relationship to the child / complainant: _____</p>	
6	Who was it reported to?
<p>Have you reported this matter to your Parish Safeguarding Rep / Diocesan Designated Person?</p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>If Yes, give details of Person you reported to:</p> <p>Name: _____ Position: _____</p> <p>If No, explain why not:</p> <p>_____</p> <p>_____</p> <p>Has the matter been reported to the civil authorities? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Have you reported the matter to any other member of the Church? Yes: <input type="checkbox"/> No: <input type="checkbox"/> (if yes give details)</p> <p>Who was it reported to :</p> <p>Name: _____ Date Reported: _____</p> <p>Church Role: _____ Tel. No. _____</p>	
<p>Signed: _____ Dated: _____ Tel. No. _____</p>	

If you are a Parish Safeguarding Rep. please complete sections 7 and 8

7

Who was it reported to?

Has the matter been reported to the civil authorities? Yes: No:

How was the referral made? (Please give details below)

Date of referral: _____

Have you notified the Diocesan Designated Person / Director of Safeguarding? Yes: No:

What actions were agreed and by whom when the matter was referred to the Civil / Church authorities? (Please give details below)

Are there any immediate child protection concerns? Yes: No:

If yes, please record what they are and state what actions were taken and by whom.
(Please give details below)

8

Details of Parish Safeguarding Representative

Print Name: _____ **Parish:** _____

Signed: _____ **Date:** _____ **Tel. No.** _____

SAFEGUARDING OFFICE USE ONLY

Form Received by

Date

Time

Director of Safeguarding/ Designated Liaison Person:
Ms Cleo Yates: Tel. 086 8096027 c.yates@killaloediocese.ie

Designated Liaison Person:
Fr Pat Malone: Tel. 086 8572023 fr.pat.malone@gmail.com

Diocesan Office:
Tel. 065 682 8638 office @killaloediocese.ie