



CHRISTIAN BROTHERS EUROPEAN PROVINCE

CHILD PROTECTION REFERRAL FORM

The role of the Designated Liaison Person (DLP) is to receive all safeguarding concerns and to pass to the statutory authorities, and where appropriate to the National Board for Safeguarding Children, those concerns that reach the threshold of reasonable grounds for concern. This is the formal document for implementing that process.

Relevant for the following Roles:

- Designated Liaison Person (DLP)

STANDARD 2

PROCEDURES FOR RESPONDING TO CHILD PROTECTION SUSPICIONS, CONCERNS, KNOWLEDGE OR ALLEGATIONS GUIDANCE FOR INDICATOR 2.1

2.1A Template 1: Child Protection Referral Form

Child Protection Referral Form	
About the suspicion/concern/allegation	
Date of suspicion/concern/allegation:	
Time of disclosure/concern/suspicion:	
How was information received? (attach any written information to this form)	
Telephone	Letter Email In person (circle as appropriate)
Details of person making disclosure/raising concern (if different from complainant)	
Name:	
Address:	
Telephone:	Mobile:
Email:	
Relationship to complainant:	
Details of complainant (this can be anonymised when notifying the NBSCCCI)	
Name:	DOB/age:
Address:	
Telephone:	Mobile:
Ethnic origin:	Language (is interpreter/signer needed?):
Disability:	Special needs:
Church body (if applicable):	
Parent/carer details (where appropriate)	
Name:	
Address (if different from above):	
Telephone:	Mobile:
Are they aware of the suspicion, allegation or complaint?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Details of respondent

Name: _____ DOB/age: _____
 Address: _____

Telephone: _____ Mobile: _____

Relationship to complainant (parent/priest/teacher, etc.): _____

Position in Church body: _____

Address at time of incident: _____

Current contact with children if known (e.g. sits on board of governors of school, runs youth activities, etc.): _____

Any additional information: _____

Details of concern, allegation or complaint

(Include dates/times and location the incident occurred, and any witnesses, if known. Does the child/complainant know this referral is being made?)

Referral to the statutory authorities

Has the matter been referred to the statutory authorities?

Yes No

If the answer to the question above is **yes, please complete the details below**. If the answer is no, please explain why the matter was not referred to the statutory authorities.

Tusla/HSCT

Date referred: _____
 Time referred: _____
 Name of person it was referred to: _____
 Designation: _____
 Address: _____

Gardaí/PSNI

Date referred: _____
 Time referred: _____
 Name of person it was referred to: _____
 Designation: _____
 Address: _____

Telephone: _____
 Email: _____

Telephone: _____
 Email: _____

Referral to a member of the Church (ONLY COMPLETE IF THE ALLEGATION RELATES TO CHURCH PERSONNEL)

Has the matter been referred to the Church authority?

Yes

No

Date referred:

Time referred:

Name of person it was referred to:

Designation:

Address:

Telephone:

Email:

Next steps (ONLY COMPLETE IF THIS ALLEGATION RELATES TO A CLERIC OR RELIGIOUS)

What actions have been taken (if any) by the Church, in relation to the respondent, to safeguard children following receipt of this information?

Sign off

DLP name:

DLP address:

DLP telephone:

DLP email:

DLP signature: