Presbyterian Church in Ireland Taking Care Two

**::12.09 STANDARD REPoRTING FoR REPUBLIC oF IRELAND**

To duty social Work service

in case of emergency or outside health board hours, contact should be made with an garda síochána.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Details of Child** | | | | |
| name: |  | Male: |  | female: |
| address: | age/dob: | | 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **1c. Household Composition (NoTE: a separate form must be completed in respect of each child being reported).** | | | |
| name | relationship to Child | date of birth | additional information e.g. school/ occupation |

**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. (Use additional sheet if necessary).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3. Details of person(s) allegedly causing concern in relation to the child:** | | | | | |
| name: | age: |  | Male: |  | female: |
| address: | relationship to Child: | occupation: | | | |

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| **4. Name and Address of other personnel or agencies involved with this child** | |
| social Workers: | school: |
| public health nurse: | gardai: |
| gp: | pre-school/Crèche/youth Club: |
| hospital: | other, specify e.g. youth groups, after school Clubs: |

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| --- | --- | --- | --- | --- |
| **5. Are Parents/Legal Guardians aware of this referral to the Social work Department?** | | | | |
| if yes, what is their attitude?: |  | yes |  | no |

|  |  |
| --- | --- |
| **6. Details of Person reporting concern(s):** | |
| name: | occupation: |
| address: | Telephone number: |
| nature and extend of contact with Child/family: | |

|  |  |
| --- | --- |
| **7. Details of Person completing form:** | |
| name: | occupation: |
| address: | Telephone number: |
| signed: | date: |

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