



Appendix 10

Child Protection and Poor Practice Referral Form

This form should be completed in the event of a child or young person, or a fellow staff member or volunteer or other adult, disclosing alleged abuse.

CHILD PROTECTION AND POOR PRACTICE REFERRAL FORM

Completed by

Position

Date

Name of accused person

Relationship (to alleged victim)

Gender

Address

Tel

Postcode

Age

D.O.B.

Name of alleged victim

Age

D.O.B.

Gender

Child's Address

Postcode

Parent(s) / Guardian(s) name(s)

Parent(s) / Guardian(s) address(es)

Tel

Postcode



Name of person who reported concern

Address

Tel

Postcode

Relationship to alleged victim

Relationship to accused

Details of incident (including the location)

Details of incident

Time of incident

Your observations (Include exactly what the child said and what you said during the disclosure.

Remember, do not lead the child – record actual details as given by the child. Continue on a separate sheet if necessary.)



Witnessed By

Witness(es)' statement (if applicable) (Continue on a separate sheet if necessary).

Action taken

External agencies contacted

(if yes, give date and time, contact details, and details of any advice received)

Police

YES

NO

Name and contact number

Date and time contacted

Date

Time

Details of advice received



Health and Social Care Trust YES NO

Name and contact number

Date and time contacted Date Time

Details of advice received

Other YES NO

(e.g. Local Council / Education Dept) (If appropriate)

Name and contact number

Date and time contacted Date Time

Details of advice received

Signature of reporting person

Date Time

Any further action



INFORMATION REGARDING OTHER ALLEGED VICTIMS CONCERNED

Completed by	<input type="text"/>		
Position	<input type="text"/>	Date	<input type="text"/>
Name of accused	<input type="text"/>		
Name of alleged victim	<input type="text"/>		
Age <i>(at time of incident)</i>	Age <input type="text"/>	D.O.B.	<input type="text"/>
Child's Address	<input type="text"/>		
		Postcode	<input type="text"/>
Parent(s) / Guardian(s) name(s)	<input type="text"/>		
Parent(s) / Guardian(s) address(es)	<input type="text"/>		
	Tel <input type="text"/>	Postcode	<input type="text"/>
Name of alleged victim's club	<input type="text"/>		
Name of person who reported concern	<input type="text"/>		
Address	<input type="text"/>		
	Tel <input type="text"/>	Postcode	<input type="text"/>
Relationship to alleged victim	<input type="text"/>		
Relationship to accused	<input type="text"/>		

Remember to maintain confidentiality on a 'need to know' basis – only if it is necessary to protect the child or young person. Do not discuss this incident with anyone other than those who absolutely must know.

NB: A copy of this form should be sent to the Irish FA's Child Welfare Department for monitoring purposes and, where appropriate, to the HSCT.