



CHILD PROTECTION
AND WELFARE
REPORT FORM

safeguarding@mountaineering.ie



For Mandated Persons and Non-Mandated Persons
(Children First Act 2015 and Children First National
Guidance 2017)
Co-Operating to Safeguard Children and Young People in
Northern Ireland (2017)

1. Tusla/ Area (this is where the child resides):

2. Date of Report:

3. Details of the Child:

Fist Name _____	Surname _____
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth _____
Address _____	Estimated Age _____
_____	School Name _____
_____	School Address _____
Eircode _____	_____

4. Details of Concerns

Please complete the following section with as much detail about the specific child protection or welfare concern or allegation as possible. Include dates, times, incident details and names of anyone who observed any incident. Please include the parents and child’s view, if known. Please attach additional sheets, if necessary. **Please see ‘Tusla Children First – A Guide for the Reporting of Child Protection and Welfare Concerns’ for additional assistance on the steps to consider in making a report to Tusla, available here [Tusla Reporters Guide](#).**

5. Type of Concern:

Child Welfare Concern	<input type="checkbox"/>	Emotional Abuse	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	Physical Abuse	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>		

6. Details of Reporter:

First Name _____	Surname _____
Address* _____	Organisation _____
_____	Position Held _____
_____	Mobile No. _____
_____	Telephone No. _____
Eircode _____	Email Address _____

* If reporting in a professional capacity, please use your professional address.

Is this a Mandated Report made under Section 14 of the Children First Act 2015?

Yes No

Mandated Persons type _____

7. Details of Other Persons Where a Joint Report is Being Made:

First Name _____	Surname _____
Address* _____	Organisation _____
_____	Position Held _____
_____	Mobile No. _____
_____	Telephone No. _____
Eircode _____	Email Address _____

* If reporting in a professional capacity, please use your professional address.

First Name _____	Surname _____
Address* _____ _____	Organisation _____
_____	Position Held _____
_____	Mobile No. _____
Eircode _____	Telephone No. _____
	Email Address _____

* If reporting in a professional capacity, please use your professional address.

8. Parents Aware of Report:

Are the child's parents/carers aware that this concern is being reported to Tusla?

Yes No

If the parent/carer does not know, please indicate reasons:

9. Relationships:

Details of Mother:

First Name _____	Surname _____
Address* _____ _____	Mobile No. _____
_____	Telephone No. _____
Eircode _____	Email Address _____

Is the mother a Legal Guardian? Yes No

Details of Father:

First Name _____	Surname _____
Address* _____ _____	Mobile No. _____
_____	Telephone No. _____
Eircode _____	Email Address _____

Is the father a Legal Guardian? Yes No

10. Household Composition:

First Name	Surname	Relationship	Date of Birth	Estimated Age	Additional Information e.g., school, occupation, other

11. Details of Person(s) Allegedly Causing Harm:

First Name: _____ Surname _____
 Male Female Date of Birth _____
 Address _____ Estimated Age _____
 _____ Mobile No. _____
 _____ Telephone No. _____
 _____ Email Address _____
 Eircode _____ Occupation _____
 Organisation _____ Position Held _____
Relationship to the Child _____
Address at time of alleged incident _____
If name unknown, please indicate reason _____

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First Name: _____ Surname _____

Male Female Date of Birth _____

Address _____ Estimated Age _____

_____ Mobile No. _____

_____ Telephone No. _____

_____ Email Address _____

Eircode _____ Occupation _____

Organisation _____ Position Held _____

Relationship to the Child _____

Address at time of alleged incident _____

If name unknown, please indicate reason _____

12. Name and Address of Other Organisations, Personnel or Agencies Known to be Involved Currently or Previously with the Family:

Profession	First Name	Surname	Address	Contact Number	Recent Contact e.g., 3/6/9 months ago
Social Worker					
Public Health Nurse					
GP					
Hospital					
School					
Gardaí					
Other					

13. Any Other Relevant Information, Including Previous Contact with the Child, or Family:**Thank you for completing the Report From**

In completing this report form you are providing details on yourself and on others. Details such as name, address and date of birth fall under the definition of 'Personal Data' in the Data Protection Acts, 1988 & 2003. Tusla has a responsibility under these Acts in its capacity as a Data Controller to, amongst other things, obtain and process this data fairly; keep it safe and secure; and to keep it for a specified lawful purpose. That purpose is to fulfil our statutory responsibility under the Child Care Act 1991 to promote the protection and welfare of children. Tusla may, during the course of the assessment of this report disclose such Personal Data to other agencies including An Garda Síochána. Further details about Tusla's responsibilities as a Data Controller and your rights as a Data Subject can be found on Tusla's website, www.tusla.ie. As you are providing Personal Data on others, you are a Data Processor. We ask that you only provide those details that are necessary for the report and that you keep this report and the Personal Data contained in it secure from unauthorised access, disclosure, destruction, or accidental loss.

14. For Completion by Tusla Authorised Person on Receipt of Report

Report received by:

First Name _____ Surname _____ Date _____

Mandated Report Acknowledged by:

First Name _____ Surname _____ Date Sent _____

Authorised Person Signature:

_____ Date _____

Child Previously Known: Yes No

Allocated Case No. _____