

Standard Reporting Form- Guidance Notes.

Health Service Executive have a statutory responsibility under the Child Care Act, 1991, to promote the welfare and protection of children in their area. Health Boards therefore have an obligation to receive information about any child who is not receiving adequate care and/or protection.

This reporting form is for use by:

- Health Service Executive Personnel
- Professional and individuals in the provision of child care services in the community who have service contracts with the health boards.
- **Designated person in a voluntary or community agency**
- Any professional individual or group involved in services to children who becomes aware of a child protection or welfare concern, or to whom a child protection or child welfare concern is reported.

Please fill in as much information and detail as is known to you. (Health Service Executive personnel should do this in consultation with their line manager. This will assist the Social Work Department in assessing the level of risk to the child, or support services required. If the information requested is not known to you, please indicate by putting a line through the question. It is likely that a social worker will contact you to discuss your report.

Health Service Executive aim to work in partnership with parents. If you are making this report in confidence you should note that the Health Service Executive cannot guarantee absolute confidentiality as:

- A Court could order that information be disclosed.
- Under the Freedom of Information Act, 1994, the Freedom of Information Commissioner may order that information be disclosed.

You should also note that in making a ‘bona fide report’ you are protected under the Protection for Persons Reporting Child Abuse Act, 1998.

If you are unsure if you should report your concerns, please telephone the duty social worker and discuss your concerns with him/her.

In case of emergency or outside Health Service Executive hours, contact should be made with An Garda Síochána.

A separate form must be completed in respect of each child being reported.

Duty Social Work office and referral intake points for the Health Service Executive.

Sligo/ Leitrim/West Cavan

Community Care Area

Markievicz House Duty Social Worker	071-9155133
Carrick-on-Shannon Duty Social Worker	071-9650324
Tubbercurry Duty Social Worker	071-9120062

Completed Forms to:

Ms. Ann Kelly.
Principal Social Worker.
Markievicz House.
Sligo.
071-9155136

Donegal Community Care Area

Millennium Court Letterkenny Duty Social Worker	074-9123770
Buncrana, Co. Donegal Duty Social worker	074-9361044
Donegal Town Duty Social Worker	074-9721074

Completed Form to :

Mr. Michael Gallagher,
Principal Social Worker
Garden Centre Complex
St. Conal's Hospital .
Letterkenny. 074-9122322

HSE Standard Form for Reporting Child Protection and /or Welfare Concerns.

Details of child

Private and Confidential

Name _____

Male ☐

Female ☐

Address _____

D.O.B _____

_____ School _____

Parents

Name of Mother _____

Name of Father _____

Address (if different to Child)

Address (if different to Child)

Phone _____

Phone _____

Care and custody arrangements for child if known. _____

Household composition

Name	Relationship to Child	Date of Birth	Additional information (eg School / Occupation etc)
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Note: A separate report form must be completed in respect of each child being reported.

Details of concern(s) allegations(s,) or incidents(s) dates, times, who was present, description of any observed injuries, parents' view(s), child's view(s) if known (Use additional sheet if necessary)

Details of person(s) allegedly causing concern in relation to the child

Name _____

Male ☐

Female ☐

Address _____

Relationship to Child _____

Occupation _____

Name and address of other personnel or agencies involved with this child

Social Workers _____

School _____

Public Health Nurse _____

Gardaí _____

General Practitioner _____

Pre-school /Crèche / Youth Club _____

Hospital _____

Other : Special e.g. Youth Groups, After School Clubs etc. _____

Are Parent or Legal Guardians aware of this referral to the Social Work Department? Yes ☐ No ☐

If yes what is their attitude? _____

Details of person reporting concerns : (See Notes regarding limitations of confidentiality)

Name _____

Occupation _____

Address _____

Phone _____

Nature and extent of contact with Child/Family _____

Details of Person completing form

Name _____

Signed _____

Occupation _____

Date _____

