

Child Protection Referral Form

This form will be completed by the DLP for referral to PSNI and Social Services and a redacted version to National Board in circumstances where this is required.

Child Protection Referral Form	Admin: Reference Number SGO/DATE/001 (OFFICE USE ONLY)
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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 necessary these details can be anonymised)*

Name:

Address (if different from above):

Telephone:

Mobile:

Are they aware of the suspicion, allegation or complaint? Yes ☐

No ☐

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 ☐

Has the matter been notified for the purpose of the Charity Commission?

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.

HSCT

Date referred:

Time referred:

Name of person
it was referred to:

Designation:

Address:

Telephone:

Email:

PSNI

Date referred:

Time referred:

Name of person
it was referred to:

Designation:

Address:

Telephone:

Email:

Referral to a member of the Church

(Only complete if the allegation relates to church personnel or clergy or member of a religious order)

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:

Data Protection This form will be held on file, in accordance with the Data Protection Act 2018, data protection policy of the Diocese of Down and Connor and the Privacy Notice of the Down & Connor Safeguarding Office , which can be found at <http://www.downandconnorsafeguarding.com/privacy-notices/>

The data entered will be used only for the purpose indicated on the form and will be held confidentially. The data may only be accessed by those with responsibility for managing records or group activities and will not be shared with external organisations unless there is a need and a lawful reason to do so. The data will be updated when appropriate and destroyed when no longer necessary or relevant.