

# Child Protection and Welfare Report Form

**MANDATED PERSONS AND NON MANDATED PERSONS**  
*(Children First Act 2015 & Children First National Guidance)*

Use block letters when filling out this form.

Fields marked with an \* are mandatory.

<b>1. Tusla Area (this is where the child resides)*</b>	
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<b>2. Date of Report*</b>	
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### 3. Details of Child

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

### 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

### 5. Type of Concern

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

### 6. Details of Reporter

<b>First Name</b>		<b>Surname</b>	
<b>Address</b> If reporting in a professional capacity, please use your professional address		<b>Organisation</b>	
		<b>Position Held</b>	
		<b>Mobile No.</b>	
		<b>Telephone No.</b>	
<b>Eircode</b>		<b>Email Address</b>	

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<b>Is this a Mandated Report made under Sec 14, Children First Act 2015?*</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Mandated Person's Type</b>				

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

<b>First Name</b>		<b>Surname</b>	
<b>Address</b> If reporting in a professional capacity, please use your professional address		<b>Organisation</b>	
		<b>Position Held</b>	
		<b>Mobile No.</b>	
		<b>Telephone No.</b>	
<b>Eircode</b>		<b>Email Address</b>	

<b>First Name</b>		<b>Surname</b>	
<b>Address</b> If reporting in a professional capacity, please use your professional address		<b>Organisation</b>	
		<b>Position Held</b>	
		<b>Mobile No.</b>	
		<b>Telephone No.</b>	
<b>Eircode</b>		<b>Email Address</b>	

## 8. Parents Aware of Report

<b>Are the child's parents/carers aware that this concern is being reported to Tusla?*</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If the parent/carer does not know, please indicate reasons:</b>				

## 9. Relationships

<b>Details of Mother</b>			
<b>First Name</b>		<b>Surname</b>	
<b>Address</b>		<b>Mobile No.</b>	
		<b>Telephone No.</b>	
		<b>Email Address</b>	
<b>Eircode</b>			

<b>Is the Mother a Legal Guardian?*</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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<b>Details of Father</b>			
<b>First Name</b>		<b>Surname</b>	
<b>Address</b>		<b>Mobile No.</b>	
		<b>Telephone No.</b>	
		<b>Email Address</b>	
<b>Eircode</b>			

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<b>Is the Father a Legal Guardian?*</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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### 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

<b>First Name*</b>		<b>Surname*</b>	
<b>Male*</b>	<input type="checkbox"/>	<b>Female*</b>	<input type="checkbox"/>
<b>Address</b>		<b>Date of Birth</b>	
		<b>Estimated Age</b>	
		<b>Mobile No.</b>	
		<b>Telephone No.</b>	
<b>Eircode</b>		<b>Email Address</b>	
<b>Occupation</b>		<b>Organisation</b>	
<b>Position Held</b>			

<b>Relationship to Child</b>	
<b>Address at time of alleged incident</b>	
<b>If name unknown please indicate reason</b>	

<b>First Name*</b>		<b>Surname*</b>	
<b>Male*</b>	<input type="checkbox"/>	<b>Female*</b>	<input type="checkbox"/>
<b>Address</b>		<b>Date of Birth</b>	
		<b>Estimated Age</b>	
		<b>Mobile No.</b>	
		<b>Telephone No.</b>	
<b>Eircode</b>		<b>Email Address</b>	
<b>Occupation</b>		<b>Organisation</b>	
<b>Position Held</b>			

<b>Relationship to Child</b>	
<b>Address at time of alleged incident</b>	
<b>If name unknown please indicate reason</b>	

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### 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					
Pre-school/ crèche					
Other					

### 13. Any Other Relevant Information, Including any Previous Contact with the Child or Family

**Please ensure you have indicated if this is a mandated report in section 6.**

Thank you for completing the report form.

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 our website, [www.tusla.ie](http://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 Acknowledgement by
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<b>First Name</b>		<b>Surname</b>		<b>Date Sent</b>	
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<b>Authorised Person Signature*</b>	
<b>Date*</b>	

<b>Child Previously Known</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Allocated Case No</b>				