

# Loreto Sisters - Safeguarding Children Referral Form

(Adapted from the NBSCCC's Referral Form)

## About the allegation / concern -

Date of disclosure / concern: .....

Time of disclosure/concern: .....

How was information received? (*attach any written information to this form*)

Telephone :       Letter:       Email:       In person:

## Details of person reporting allegation / raising concern -

Name: .....

Address: .....

Tel: .....      Mobile: .....      Email: .....

Relationship to child or alleged victim: .....

## Details of the alleged victim (anonymise when notifying the NBSCCC) -

Name: .....      DOB / Age: .....

Address: .....

Tel: .....      Mobile: .....

Ethnic Origin: .....

Language: (is interpreter/ signer needed) .....

Disability / Special needs: .....

Order: (*if applicable*) .....

## Parent / carer details (*where appropriate*) -

Name: .....

Address if different from above: .....

Tel: .....      Mobile: .....

Are they aware of the allegation, suspicion or complaint ?    Yes       No

## Details of alleged respondent -

Name: .....      DOB / Age: .....

Address: .....

Tel: .....      Mobile: .....

Relationship to the victim: (parent / teacher / religious sister etc) .....

Position in Order: .....

Address at time of incident(s): .....

Current contact with children if known:

Any additional information:

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**Brief details of concern, allegation or complaint -**

(dates / times / location / nature of the incident) .....

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Witnesses (if any): .....

Does the alleged victim know this referral is being made ?      Yes       No

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**Referral to the statutory authorities -**

Has the matter been referred to statutory authorities ?      Yes       No

If yes, please complete the details below:

Tusla/HSCT

Date referred: .....      Time referred : .....

Who was it referred to:

Name: .....      Designation: .....

Address: .....

Tel: .....      Mobile: .....      Email: .....

Gardaí/PSNI

Date referred: .....      Time referred : .....

Who was it referred to:

Name: .....      Designation: .....

Address: .....

Tel: .....      Mobile: .....      Email: .....

**Referral to a member of the Church (only if allegation relates to Church personnel) -**

Has the matter been referred to a Church member ?      Yes       No

Date referred: .....      Time referred: .....

Who was it referred to:

Name: .....      Designation: .....

Address: .....

Tel: .....      Mobile: .....      Email: .....

If no, please explain why the matter was not referred to the statutory authorities:

.....  
.....

**Next Steps (only if allegation relates 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 ?

**In the event that this form is not completed by the designated liaison person (DLP) please give details of person completing the form -**

Name: .....

Address: .....

Tel: ..... Mobile: ..... Email: .....

Date this form is sent to the DLP: .....

**Details of the DLP -**

Name: .....

Tel: .....

Mobile: .....

Email: .....

Form completed :

Date: ..... Time: .....

Signed: .....

*(A copy must be retained by the recipient and filed in a secure location, and a copy must be sent to the Loreto designated liaison person and civil / statutory authorities).*

