

Appendix 1:

Disclosure Form for Abuse of a Child or Vulnerable Adult

This form must be completed accurately, recording all information given (use additional pages as necessary). Only words used by the person making the disclosure or giving the information should be recorded.

In cases of emergency, or outside health service hours, reports should be made directly to An Garda Síochána or relevant policing authority.



Name of Person Receiving this report: _____

Position: _____

Email: _____

Mobile: _____ Office No: _____

Date: _____ Time: _____

1. Name of person reporting:

2. Address of person reporting:

3. Relationship of reporting person with the child concerned:

4. Method of Report (telephone call, personal call to office):

5. Family details eg other children in the home, parents

6. Is more than one person at risk?

7. School address

Details of child/children/vulnerable adult concerned

Surname _____ Forename _____ DOB _____
_____ Male/female _____ Alias (known as) _____
_____ Nationality _____ Address _____

_____ Correspondence
address (if different)

Landline: _____ Mobile _____

Will an interpreter be required? _____

8. To the best of your knowledge, has this been reported previously, or have previous instances been reported or investigated

9. Are any agencies currently or previously involved eg Health Service, Child Protection, Policing authorities

10. Any additional information (use additional sheets as necessary and attach securely)



If child abuse is being alleged, who is believed to be responsible for causing it? Include (if known) Name:

_____ Address:

12. Describe (in detail) any risks to which the child/ren in this situation are believed to be exposed

13. As far as possible, can you outline the current physical and mental well-being of the child/ren

14. How did this information come to your /the referrer's attention?

15. Is there evidence available of the allegations?

16. Is the child/ren aware that this disclosure is being made?

17. If no, explain why

18. Have you reported this to other authorities or relevant agencies?

19. Have you disclosed this information to any other persons?

20. Additional information you feel is relevant

Signature of declarant: _____

Date: _____ Time: _____

Witnessed by: _____ Signature: _____

Date: _____ Time: _____