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| S:\Website\Current Content\Buttons\HSE-logo.jpg | HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy  HSE Child Protection and Welfare policy  **Notification to An Garda Síochána**  **(HQ Directive 07/2017)** |

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| This form is for use by HSE personnel for reporting potential offences to An Garda Síochána under the **Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012**, in relation to serious specified offences against a child or vulnerable person. Full list of offences are specified in [Schedule 1](http://www.irishstatutebook.ie/eli/2012/act/24/schedule/1/enacted/en/html#sched1) and [Schedule 2](http://www.irishstatutebook.ie/eli/2012/act/24/schedule/2/enacted/en/html) of the Act.  This form is also for use by HSE personnel reporting potential offences to An Garda Síochána under the HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy. |

**To Superintendent**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Station)

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| --- | --- |
| Name: (if known) |  |
| Rank: |  |
| Garda District |  |
| Contact no: |  |
| Contact Email: |  |
| District Office Address: |  |

**Alleged or Suspected Offence relates to**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child |  | Record No. |  |  |
| Vulnerable Adult |  | PULSE ID |  |  |
|  | HSE Ref. |  |  |

**Staff member making report**

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| --- | --- |
| Name: |  |
| Title/Grade: |  |
| CHO/Hospital Group/National Service: |  |
| Name of Service: |  |
| Location Address: |  |
| Contact Number: |  |
| Contact Email: |  |
| Line Manager informed: |  |
| Relationship to Child/Vulnerable Adult: |  |

**Child/Vulnerable Adult to Whom Report Relates** (if known)

|  |  |
| --- | --- |
| Name: |  |
| Male/Female: |  |
| Date of Birth: |  |
| Address of child/vulnerable adult: |  |
| Contact No: |  |
| Contact Email: |  |

**Parent/Guardian/Carer(s)** (\*if known, and if applicable in relation to vulnerable adults)

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| **Name 1:** |  |
| Relationship to child or vulnerable adult: |  |
| Address: |  |
| Contact No: |  |
| Contact Email: |  |
|  |  |
| **Name 2:** |  |
| Relationship to child or vulnerable adult: |  |
| Address: |  |
| Contact No: |  |
| Contact Email: |  |

**Please answer all questions:**

|  |  |  |  |
| --- | --- | --- | --- |
| Has a report been submitted to the Child and Family Agency (Tusla)?  If yes, Online, by post or in person?  ............................................................... (Tusla Office) | Yes | No | Not applicable |
| Has a report been made to the HSE Safeguarding and Protection Team? (In the case of a vulnerable adult)  If yes, insert team  ................................................................... | Yes | No | Not applicable |
| Has the report been discussed with the child or vulnerable adult? | Yes | No | Not applicable |
| Have parents/guardians/carer(s)\* been informed? (\*if applicable in relation to vulnerable adults) | Yes | No | Not applicable |

**Details of Alleged or Suspected Offence and relevant Information:**

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| Describe the alleged or suspected abuse/incident/behaviour of concern |
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| The context for which the reporter became aware or believed an offence took place (specify date, location and any other relevant information) |
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| Details of the person of concern in relation to allegations of abuse– if known, to include name, address, other known contact details and any other relevant information |
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| Any other relevant information |
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*Please continue on another sheet if required*

Signature:.................................................................................................................

Date:........................................................................................................................