

Retrospective Abuse 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.

1. Tusla Area (this is where the person subject to	
allegations of abuse resides (PSAA))*	

2. Reporter Details if Third Party*

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

Is this a Mandated Report made under Sec 14, Children First Act 2015?*		Yes	No	
Mandated Person's Type				

3. Details of Person Disclosing Abuse (Adult Complainant)*

First Name	Surname		
Male	Female		
Address	Date of Birth		
	Estimated Age		
	Previous Addr	ess, if	
	known		
Eircode			

4. Type of Abuse Being Reported*

Emotional Abuse	Physical Abuse	
Neglect	Sexual Abuse	

5. Details and Description of Alleged Abuse*

Date of	Period of	
alleged	alleged	
abuse	abuse	
Location of	Reason for	
alleged	report at this	
abuse	time	



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Further Detail (include, if known, age of adult complainant at time of abuse, age of PSSA at time of abuse). Please attach additional sheets if necessary.

6. Details of Person Subject to Allegations of Abuse (PSAA)

First Name*	Surname*	
Male*	Female*	
Address	Date of Birth	
	Estimated Age	
	Mobile No.	
	Telephone No.	
Eircode	Email Address	
Occupation		

7. Details of PSAA's Social and Employment Status

8. PSAA Household Composition

First Name	Surname	Relationship	Date of Birth	Estimated Age	Additional Information e.g. school, occupation, other

9. Does the PSAA Have Contact with Children?*		No	
If Yes please complete information below. If No. proceed to 10			

ete information below. If No, ceed to 10.

Details of Child					
First Name		Surname			
Address		Mobile No.			
		Telephone No.			
		Email Address			
		Date of Birth			
Eircode		Age			



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Parent/Carers'				Parent/Carers'		
Names				Names		
Relationship to A	dult			Relationship		
Complainant				to PSAA		
Frequency of Contact, if known						
Male			Female		Unknown	

Please attach additional sheets for additional children, if necessary.

10. Based on information known at this time, is the PSAA known to the Tusla Social Work Department?	Yes	No	
If yes, please provide detail:			

11. Based on information known at this time, is the adult complainant known to the Tusla Social Work Department?	Yes	No	
If yes, please provide detail:			

12. Based on inform to An Garda Síochá	nation known at this time, has a na?	a report been made	Yes	No	
Garda Name:		Telephone No.			
Garda District:	la District: Email:				
Address:		PULSE ID Number:			
		Date Notification Made:			
Eircode		Date Report Made			

13. Is the PSAA aware of this report?	Yes	No	
If yes, please provide further details:			

14. Any Additional Information	Yes		No	
Please provide any further information that will assist Tusla in assessing a	nd prior	itising th	nis repor	t:

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;

TUSLA An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency

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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, <u>www.tusla.ie</u>. 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.

> Please ensure you have indicated if this is a mandated report in section 6. Thank you for completing the report form.

15. For Completion by Tusla Authorised Person on Receipt of Report Report Received by								
First Name	Date							
Mandated Report Acknowledgement by								
First Name Date Sent								
Authorised Person Signature*								
Date*	Date*							
Child Previously Known	Child Previously Known Yes 🗌 No 🖂							
Allocated Case No			I					