

# Bus Éireann's Child Safeguarding Report Form



<b>1) To:</b> Child Safeguarding Officer, Bus Éireann, Broadstone, Dublin 7.	<b>2) From:</b>	<b>3) Date:</b>
---	-----------------	-----------------

<b>4) Details of Child:</b>	<b>5) Details of Parent/Carer:</b>	<b>6) Details of Person Reporting Concern(s):</b>
-----------------------------	------------------------------------	---

Name:	Name:	Name:
Male: <input type="checkbox"/> Female: <input type="checkbox"/> Age:           DOB:	Home Address (if different to child):	Home Address:
Child's Home Address:		Occupation:
Name of School:		Relationship to Child:
Roll No:		Relationship to Child:
School Address:	Relationship to Child: Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer <input type="checkbox"/>	Relationship to Child:
School Contact Number:	Tel:	Mob:
		Tel:           Mob:

**7) Parents/Carer Aware of Report:** Are the Child's Parents/Carers aware that this concern is being reported?

Mother: Yes <input type="checkbox"/> No <input type="checkbox"/>	Father: Yes <input type="checkbox"/> No <input type="checkbox"/>	Carer: Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--	---

If necessary, please insert additional comments below:

**8) Please Outline Below Details of Report /Incident/Allegation:**  
(Details of concern(s), allegation(s) or incident(s) dates, times, who was present, description of any observed injuries, parent's views, child's view(s) if known) *(Continue on separate page if necessary)*

**9) Please document How you Became Aware of the Concern:**

**10) Details of Any Witnesses:**

**11) Details of Person Allegedly Causing Concern(s) in Relation to Child:**

Name:	Age:	Male: <input type="checkbox"/> <input type="checkbox"/> Female: <input type="checkbox"/>
Home Address:	Occupation:	
	Telephone No:	
	Relationship to Child:	

<b>Signed:</b>	<b>Date:</b>
----------------	--------------

**This matter must be treated in a Sensitive, Private and Confidential manner.**