

**Children's Authority of Trinidad and Tobago
Child Protection Registry**

Guidelines to filling out the Reporting Form

The *Reporting Form* must be filled out as accurately as possible and either typed or written legibly. The form is made out of five sections.

1. General Information of child in need of care and protection
2. Details of the incident being reported
3. Description of suspected offender
4. Reporter contact information
5. For official use by the Child Protection Registry

Section 1

General Information of child in need of care and protection

This section is to be completed to the best knowledge of the person reporting and the information given must be accurate in order to provide the best assistance to the child.

Section 2

Details of the incident being reported

All items in this area must be fully completed in order to facilitate the risk management of the case which would prioritize it. In filling out this section the person making the report should

- Know specific details about the incident such as the date and length of time it has been taking place and details on why they believe that the child is in need of care and protection.
- Be able to state the condition of the child, the severity and frequency of what was being reported, who is the perpetrator and the caregiver of the child and what is the circumstances surrounding the report.
- Be able to give details of any other action taken with the incident.

Section 3

Description of Suspected Offender

All items in this section must be completed to the best of the reporter's knowledge in order to facilitate the efficient persecution of the suspect.

Section 4

Reporter Contact Information

This is a mandatory section for agencies and institutions only and therefore individuals making the report may omit this section if they desire. Individuals who do fill out this section would assist if there is any supplementary report that they may file at a later date.

Section 5

For official Use

This section is to be completed by Child Protection Registry Staff members only.

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Lacking care and guardianship: Parent or guardian unfit to exercise care and guardianship
 Parent or guardian unable to exercise care and guardianship

Moral Danger: Exposure to negative behaviours, which may cause a child to adopt such behaviours
 Children involved with dangerous drugs

- Child is frequently in the company of a criminal
- Child is beyond control
- Child is found begging or receiving alms
- Child is found loitering for the purpose of begging or receiving alms
- Deliberate self-harm
- Self-Mutilation
- Suicide (attempts, or threatens to commit suicide)
- Lost
- Child denied access to parent (without due cause)
- Female genital mutilation
- Child is at risk of starting fires and/or being burnt due to inadequate supervision
- Child believed to be suffering from mental illness

h. Was the matter reported to the police? Y N

If yes, name the police station and contact information for officers:

Name of Police Station _____

Name of Police Officer (s) (1) _____ (2) _____

If no, state reason

j. Give details of any other circumstances why it is believed or suspected that the child may be in need of care and protection:

k. Is the child in need of emergency medical assistance? Y N

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l. Give details of any other action taken in the matter:

m. Is there documentation for the action taken in l? Y: N:

n. Is there any other agency which may be working with this child? Y N Don't know

If yes, name agency _____ Contact Person: _____

SECTION 3 - DESCRIPTION OF SUSPECTED OFFENDER

(ALL items in this section must be completed to the best of the reporter's knowledge)

a. Please state the name of the individual(s) responsible for allegedly committing the act or omission resulting in the child requiring care and protection:

_____/_____/_____/_____
Last First Middle Nickname

b. Relation of the suspected offender to the relevant child:

c. If the name of the suspected offender is unknown, please give a description that can help in identifying the offender: _____

d. Sex: M F

e. State the approximate age of the alleged offender: _____

f. State the residential address of the alleged offender or provide, if unavailable, any other details that may aid in locating said individual: _____

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SECTION 4 - REPORTER CONTACT INFORMATION

(Completion of this section is not mandatory (except for Agencies and Institutions), but if completed will facilitate the receipt of any supplementary report that the reporter may file at a later date).

- a. Name of Reporter: _____
- b. Address and telephone number or email address: _____

- c. Relationship to the relevant child: _____
- d. Signature: _____
- e. Interviewer: _____ f. Title/Position: _____
- g. Reporting Agency or Institution: _____

SECTION 5

(To be completed by Registry Official)

Mode of receipt: _____ Date of submission of report: ____/____/____ (DD/MM/YY)

Interviewer: *(whereverbal report is made)*: _____

Date of entry into database: ____/____/____ (DD/MM/YY) Entered by (initials): _____

Date referred/forwarded: ____/____/____ (DD/MM/YY)

Unit/ Agency referred/forwarded to _____

Team Lead forwarded to: _____