

# 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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<i>SECTION 1</i> GENERAL INFORMATION OF CHILD IN NEED OF CARE AND PROTECTION (All items in this Section are to be completed to the best of the reporter's knowledge)							
Date:/(DD/MM/YY)							
a. Name of child:			_/	/	/		
	Last		First	Middle	Nickname		
b. Date of birth:	/	/	(DD/MM/	YY)c. Age			
If age unknown, esti	mated age:		_				
d. Sex: MF							
•			•	East Indian) □ Mixed ( /Lebanese □ Other	, 8		
f. Marital Status: Sin	ngle 🗆 Marri	ed 🗆 Com	mon-Law 🗆 S	Separated	□ Widowed		
0 0 0	-			□ Jehovah's Witness □ Presbyterian/Congrega	□ Methodist ational □ Roman Catholic		
h. Address -							
Home addres	ss:			School's tele	phone number:		
j. Address of School:							
k. Name of Class Te	acher/Princip	oal:			Class:		
				hild is located elsewhere	e, please give other details		
l. Impairment or disa m.Contacts -	bility affectin	g the child	: None 🗆 P	hysical 🗆 Mental 🗆			
Next of Kin Telep Mother's Name				Mother's Telephone	No		
Address							
Father's Name Address				_	lo		
Guardian or Careg Address	iver's Name:			_ Guardian or Caregive	er Telephone No		
n. Address of parent			rom home add	tress of childs			
				ness of clind.			
0. Number of sibling	s living with	the child. as					

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SECTION 2 - DETAILS OF THE INCIDENT BEING REPORTED (ALL items in this section <u>MUST</u> be completed)					
a. What is the nature of the report? Record details on child's condition, severity, frequency, perpetrators, caregivers and circumstances surrounding report.					
b. When did this incident occur?/ If unknown please estimate: c. Where did the incident occur?					
d. Has the incident occurred more than once: $\Box$ Yes $\Box$ No $\Box$ don't know					
If yes, estimated number of times incident has occurred:					
e. Length of time the relevant incident has been occurring:					
f. Please select the appropriate area of concern					
Ill-treatment in a manner likely to cause suffering or injury to health:					
<ul> <li>Sexual Abuse: □ Sexual penetration □ Sexual touching □ Sexual Grooming □ Rape</li> <li>□ Grievous Sexual Assault (anal/vaginal penetration with object or body part other than genitals)</li> <li>□ Buggery □ Incest □ Bestiality □ Causing a child to engage in sexual acts with a person</li> <li>□ Causing a child to engage in sexual acts with an animal</li> </ul>					
Offences of a sexual nature: □ engaging in sexual activity in the presence of a child □ Child Prostitution □ Causing a child to watch a sexual act or image □ Child Pornography □ Causing or facilitating the seduction of a child, procuring sexual services of a child					
<ul> <li>Physical Abuse: □ Being hit with an object that may or may not cause injury</li> <li>□ Victim of actions that may or may not cause grievous bodily harm (e.g. kicking, punching, slapping)</li> <li>□ Being burnt as a form of punishment</li> </ul>					
<b>Emotional Abuse</b> : <ul> <li>Psychological suffering from seeing or hearing the ill-treatment of another</li> <li>Belittling or using derogatory language toward a child</li> </ul>					
Neglect: □ Physical neglect (health/basic needs) □ Educational neglect □ Abandonment 2					

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<b>Lacking care and guardianship:</b> □ Parent or guardian <u>unfit</u> to exercise care and guardianship □ Parent or guardian <u>unable</u> to exercise care and guardianship						
<b>Moral Danger:</b> □ Exposure to negative behaviours, which may cause a child to adopt such behaviours □ Children involved with dangerous drugs						
<ul> <li>Child is frequently in the company of a criminal</li> <li>Child is beyond control</li> <li>Child is found begging or receiving alms</li> <li>Child is found loitering for the purpose of begging or receiving alms</li> <li>Deliberate self-harm</li> <li>Self-Mutilation</li> <li>Suicide (attempts, or threatens to commit suicide)</li> <li>Lost</li> <li>Child denied access to parent (without due cause)</li> <li>Female genital mutilation</li> <li>Child is at risk of starting fires and/or being burnt due to inadequate supervision</li> <li>Child believed to be suffering from mental illness</li> <li>h. Was the matter reported to the police? Y N</li> <li>If yes, name the police station and contact information for officers:</li> <li>Name of Police Officer (s) (1) (2)</li></ul>						
If no, state reason						
k. Is the child in need of emergency medical assistance? Y□ N□						

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. Give details of any otl	her action taken i	in the matter:				
n. Is there documentat	ion for the action	n taken in 1? Y: N				
n. Is there any other ag	ency which may l	be working with this ch	ild? Y $\square$ N $\square$ Don't know $\square$			
f yes, name agency		Contac	ct Person:			
he child requiring care		/	gedly committing the act or omission resulting			
Last D. Relation of the suspe	First ccted offender to	Middle the relevant child:	/ Nickname			
offender:			e a description that can help in identifying the			
d. Sex: M 🗆 F 🗆						
e. State the approximat	e age of the alleg	ed offender:				
			e, if unavailable, any other details that may aid in			

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SECTION 4 - REPORTER CONTACT INFOR (Completion of this section is not mandatory (except for Agencies a facilitate the receipt of any supplementary report that the rej	nd Institutions), but if completed will							
a. Name of Reporter:								
b. Address and telephone number or email address:								
c. Relationship to the relevant child:								
Mode of receipt: Date of submission of report: Interviewer: <i>(whereverbal report is made):</i>								
Date of entry into database:/ (DD/MM/YY) Date referred/forwarded:/ (DD/MM/YY)								
Unit/ Agency referred/forwarded to								
Team Lead forwarded to:								