



Child Protection Report Form

1. Date of Report:	
2. Details of Child	
Name:	
Male/Female/Other:	
Address:	
DOB:	
Age:	
Alias:	
Correspondence address (if different):	
Telephone:	
3. Details of Persons Reporting Concern(s)	
Name:	
Telephone No:	
Address:	
Occupation:	
Relationship to client:	
Reporter wishes to remain anonymous:	
Reporter discussed with parents/guardians:	
4. Parents Aware of Report Yes/No	
5. Details of Report:	
Details of concern(s), allegation(s) or incident(s):	
Dates and times:	
Who was present?	
Description of any observed injuries:	
Child's view(s) if known:	
Parent's view(s):	



Irish Amateur Wrestling Association CLG.

Website - www.irishwrestling.ie

6. Relationships	
Details of Mother:	
Name:	
Address: (if different to child):	
Telephone No's:	
Details of Father:	
Name:	
Address: (if different to child):	
Telephone No's:	
7. Details of person(s) allegedly causing concern in relation to the child:	
Relationship to child:	
Age:	
Male/Female/ Other:	
Name:	
Occupation:	
Address:	
8. Details of Persons filling in form:	
Name:	
Telephone No:	
Address:	
Occupation:	
Relationship to client:	
Signed:	
Date:	