



**OFFICE OF THE CHILDREN'S REGISTRY**  
**The Child Care and Protection Act, 2004**  
**Form of Report to the Registry under Section 6 of the Act**



*(Please complete in legible script using blue or black ink and submit forthwith to the office of the Children's Registry or to the nearest registration centre.)*

**PART 1**

**PARTICULARS RELATING TO CHILD IN RESPECT OF WHOM THE REPORT IS MADE**  
*(All items in this Part are to be completed to the best of the reporter's knowledge)*

a. Name of child:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First Middle Nickname/Petname

b. Date of birth:

YY MM DD

or, if date of birth is unknown, estimated age: \_\_\_\_\_

c. Gender:

M F

d. Location -

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If home or school address is not available, or if the child is located elsewhere, please give other details that can be of help in locating the child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Name(s) of parents or guardians: \_\_\_\_\_  
\_\_\_\_\_

f. Address of parent or guardian, if different from home address of child:

\_\_\_\_\_  
\_\_\_\_\_

g. Number of siblings or other children living with the child, as well as their names and ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**PART 1**  
**PARTICULARS RELATING TO CHILD IN RESPECT OF WHOM THE REPORT IS MADE (Continued)**  
*(All items in this Part are to be completed to the best of the reporter's knowledge)*

**h. Impairment or disability affecting the child:**

Physical       Mental

Describe: \_\_\_\_\_  
\_\_\_\_\_

**PART 2 - DETAILS OF THE INCIDENT BEING REPORTED**  
*(ALL items in this part **MUST** be completed)*

**a. Does the child appear to have been, or is the child at risk of being, abused or ill-treated:**

Physically       Sexually       Mentally

Give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**b. Has the child been abandoned or neglected?                      Yes                       No**

Give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**d. Location where the abuse or relevant incident occurred:** \_\_\_\_\_  
\_\_\_\_\_



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**PART 2 - DETAILS OF THE INCIDENT BEING REPORTED (Continued)**  
*(ALL items in this part **MUST** be completed)*

e. Date on which the abuse or relevant incident occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_

f. Date on which the reporter acquired the information: (if specific date is not known, give best estimate):  
\_\_\_\_/\_\_\_\_/\_\_\_\_

g. Give details of any signs of previous abuse or neglect: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h. Is the child in need of emergency assistance? \_\_\_\_\_

i. Give details of any other action taken in the matter, aside from this report: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 3 - DESCRIPTION OF SUSPECTED OFFENDER**  
*(ALL items in this Part must be completed to the best of the reporter's knowledge)*

a. Name of the person suspected to have committed the act or omission leading to the child's need for care and protection:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First Middle Nickname/Petname

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

\_\_\_\_\_



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**PART 3 - DESCRIPTION OF SUSPECTED OFFENDER (Continued)**  
*(ALL items in this Part must be completed to the best of the reporter's knowledge)*

b. Relationship between the suspected offender and the relevant child:

\_\_\_\_\_

c. Estimated age of the suspected offender: \_\_\_\_\_

d. Gender:    M     F

e. Home address of the suspected offender or, if unavailable, any other details that can help in locating the suspected offender: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 4 - REPORTER CONTACT INFORMATION**

*(Completion of this Part is not mandatory, but if completed will facilitate –*

- *Reporter's proof of compliance with the duty to report under the Act ;*
- *The receipt of any supplementary report that the reporter may file at a later date).*

a. Name of Reporter: \_\_\_\_\_ Signature: \_\_\_\_\_

b. Occupation: \_\_\_\_\_

c. Address and telephone number or email address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

d. Relationship to the relevant child: \_\_\_\_\_

**PART 5 –**  
***(To be completed by Registry Official)***

Date of submission of report: \_\_\_\_/\_\_\_\_/\_\_\_\_

Report identification number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Interviewer: *(where verbal report is made under regulation 3(4))*: \_\_\_\_\_