



APPLICATION FORM

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| Child's Name: | Case Number: |
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Reporting details:

Time: Date:

Place:

Details about the reporter:

I Anonimus Yes/No

II Name:

Address:

Contact:

Occupation:

Relationship with the child:

Details of the child (if available):

Name:

Age:

Date of birth:

Gender:

Address:

Household structure:

School:

Class:

Teacher:

Nationality:

Mother tongue:

Religion:

Are there any developmental disabilities:

Identification/civil number:

Parent / legal guardian:

Details about the suspicion: what, who, where, when (including the child's words if possible):



Details of the alleged perpetrator (if known):

Name:

Address:

Age:

Date of birth:

Employment Details:

Job Type:

Relationship, if any, to the child:

Current location of the alleged perpetrator:

Child's current safety including location:

Was emergency medical care required?

Who provided it:

Who else knows about the case? Provide contact details.



Family members or other individuals:

Activities undertaken so far, referral to the police, services and services for children, social protection, etc. Provide contact details, dates and times of activities.

The application was received by:

Name:

Position and location:

Date:

Signature (on paper):

Activities to be undertaken

A decision made by the Director as an urgent activity according to the Policy and procedure for the safety and protection of children? (Specify who should do what, when, and include the names and contact information of the persons to be contacted.)

Referral to the police (if not, why?) Yes/No

Referral to competent institutions for child protection/social protection Yes/No

Other activities necessary to ensure that the child is not at further risk from the alleged perpetrator/perpetrator:

Referral to medical care / to meet health needs Yes/No

Signature of the person who organizes the said actions

