



Address: Plot 7, Wilson Avenue, Jinja.
P. O. Box 558 Jinja, Uganda
Website: www.nissirephidimcare.org
Email: info@nissirephidimcare.org
Cell: +256 757 204552
+256 783 856775
+256 751 326494

Raising Hope. Enabling Torchbearers into the Future.

Nissi Rephidim Care ' Reporting Child Abuse' Form

The Information covered by this form is confidential. It should only be shown to the Nissi Rephidim Care Child Protection Coordinator and / or the Head of Human Resources. The information contained in this form will be held under safe and secure conditions. Please complete it as comprehensively as possible, giving as much of the information requested as possible. Please make it clear whether your concern is general or specific and whether it is actual or potential.

This information about should not be faxed unless time and person to receive at such a time has been previously arranged or is absolutely necessary and with prior permission from the CPC. All faxes must be marked with Private and Confidential. In the same way e-mail must not be used to send this information, but an e-mail confirming that a written statement is on its way is advisable in those areas where postal services are slow.

YOUR DETAILS	
Your name:	
Your address:	
Your email address:	
Your role in, or relationship to Nissi Rephidim	
Your relationship to the child or young person:	
Details of any other organization(s) involved:	



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THE CHILD / YOUNG PERSON'S DETAILS	
Child's name:	
Child's address:	
Child's date of birth:	
Who does the child live with? Please give name(s) and nature of relationship to the child:	
Is the child male or female?	
Does the child have a disability or a learning difficulty? If so, please give details:	
DETAILS OF THE CONCERN (S) / ALLEGATION (S) OF CHILD ABUSE	
Nature of concern(s) / allegation(s):	
Details of how you came to have a concern / allegation:	
Day, date, time and location of any incident(s)	
Observations made by you (NB: Please distinguish what is fact, opinion or hearsay):	



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What did the child say?	
What did you say to the child?	
Details of any other children involved:	
External agencies contacted – date, time, name of person dealt with and advice received:	
Action taken by you:	
Your signature:	
Date this form was completed:	
Date form filed with CPC:	