_____ **CENTRE**

WITHHOLDING OF INFORMATION LEGISLATION

Form A3 - CHILDREN UNDER THE AGE OF 14 WHO DO NOT OR MAY NOT HAVE THE CAPACITY TO REPORT

This form is only to be completed if you have determined that the child does not have the capacity to make a decision about reporting the offence to An Garda Síochána or if you are unsure about whether the child has the capacity to make a decision about reporting the offence to An Garda Síochána.

Please complete the form and, **if you are aware of the views of the parent, guardian or designated professional request that they sign the form as well**.

Has the child's parent or guardian, or a designated professional indicated to you or to any third party to your knowledge, that they believe it is in the child's best interests not to report the offence?

☐ Yes ☐ No

If yes, how, when and where? Give **brief** details

_____

_____

_____

I _____

Name

_____

Parent Guardian Designated Professional (circle as appropriate and identify profession)

believe that it is in the child's best interest not to report to An Garda Síochána about the offence committed against

_____ born _____

Name DOB

reported to the RCC staff member on date: _____.

Signature_____Date_____

A signed letter or report (original or photocopy) specifically addressing the issue of reporting the offence to An Garda Síochána from a designated professional attached to this form will suffice instead of a signature.

If No report immediately using the Garda Report Form **unless** you are a prescribed person providing services to the child within the meaning of the Act and you have decided that in order to protect the health and well-being of that child, the offence should not be reported to An Garda Siochana. In this case, please complete this part of the form:

I_____a prescribed person, believe that the offence

disclosed to me by my client_____ _____

Name DOB

should not be reported to An Garda Siochana.

Signed_____Dated_____