***Annex II***

| CHILD PROTECTION INCIDENT REPORTING FORM | |
|---|---|
| **About You** | |
| Name, Surname | |
| Your role in Ordinariate: | |
| Contact phone number: | |
| Email: | |
| Your relationship to the child or young person concerned | |
| **Information about the violence fact or reasonable doubt** | |
| Location of the case (City, region, village) | |
| Please, indicate the proper information (in case of availability of such) about the violator<br>☐ Ordinariate employee, volunteer<br>☐ Employee, volunteer of Partner organization | ☐ Person related to the Ordinariate<br>☐ Violator is not known |
| Nature of the report<br>☐ sexual abuse and/or exploitation<br>☐ physical abuse<br>☐ neglect<br>☐ psychological violence | ☐ Breach of Child Protection Policy<br>☐ Breach of Code of Conduct<br>☐ Inappropriate use of images<br>☐ Other (describe)_____ |
| **Details of Person(s) against whom the allegation has been made (if applicable)** | |
| Name(s) | |
| Sex: | |
| Any information (if applicable) | |
| **About the Child** | |
| Name, Surname | |
| Sex | |
| Age | |
| Address | |
| Who does the child live with? | |
| If the child is beneficiary of Ordinariate, in which program/project is involved | |
| **About Your Concern** | |

| |
|---|
| Was abuse observed or suspected? |
| Date, time and place of any incident(s) or when the concern came to your attention |
| Did a child disclose abuse? |
| If a child disclosed abuse, write down exactly what the child said, and what you said |
| Observations made by you (e.g. child's emotional state, any physical evidence): |
| Any other relevant information (e.g. disability, language) |
| Were other children involved or aware? |
| Who have you reported this incident to? |
| Time and date of reporting |
| Advice received from person(s) to whom the report was made |
| Action taken:<br>a) by you<br>b) by the person to whom you reported the incident Current Situation: |
| Is the child still in danger of abuse or neglect and if so in what way? |
| **I state that in making this disclosure, the information set out above is to the best of my recollection true, accurate and correct.** |
| Name of Person relaying this disclosure:<br>(Print) _____<br>Signature of Person relaying this disclosure _____<br>date:_____ |
| Name of Person filling the form:<br>(Print letters) _____<br>Signature<br><br>Date and place:_____ |
| The original (or the scanned version) of the current form is to be sent to the Ordinary or Responsible persons for Safeguarding Policy to the Ordinariate office of by e-mail:<br>Atarbekyan str. 82, 3104 – Gyumri, RA, Tel.: (+374 312) 52115,<br>Tbilissian Avenue, side str. 1/3, 0052 - Yerevan, RA, Tel.: (+374 10) 280577<br>e-mail: eccarmenia@gmail.com |