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| **Disclosure Form** |

**T**his Form is to facilitate the making of Disclosures in accordance with the Protected Disclosures Policy.

Before completing this form, you should:

1. Read the Protected Disclosures Policy carefully and consider whether what is being disclosed is a Disclosure and whether the Protected Disclosures Policy is relevant and applicable or whether another University policy (such as the Grievance Policy or Policy and Procedures for Workplace Dignity and Respect) is applicable.
2. Ensure that you have a reasonable belief that the information being disclosed tends to show one or more Relevant Wrongdoings.

Consider if the informal reporting mechanism is appropriate to address your concerns in the first instance. Please note that disclosures must be made in good faith and relate to a matter that you have reasonable grounds to be concerned about.

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| **Personal Details of the Person Making the Disclosure** |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Job Title: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Staff Number:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Faculty/Department: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Telephone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Do you want your identity protected? | Yes/No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Details of the Disclosure** |

***(Care should be taken to only include the name(s) of individual(s) directly relevant to the report.)***

1. Date of alleged Relevant Wrongdoing (if known) or Date the alleged Relevant Wrongdoing commenced or was identified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is the alleged Relevant Wrongdoing still ongoing: Yes \_\_ No \_\_\_ Unsure \_\_\_
3. Has the alleged Relevant Wrongdoing already been disclosed within the University or externally and if so by whom, when and what action was taken?

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1. Details of the alleged Relevant Wrongdoing:

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1. Name of any person(s) allegedly involved in the alleged Relevant Wrongdoing (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Any other relevant information.

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed forms are to be returned to one of the following:

* To the Designated Person at 35Tprotecteddisclosures@ul.ie35T
* To the President if the matter relates to a member of the Disclosure Group at 35Tpresident@ul.ie
* To the Chancellor of the Governing Authority if the matter relates to the President at 35Tchancellor@ul.ie35T