|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Police safeguarding notification | | | | | | | | |
| **SUSPECTS / ASSOCIATES**  **Do you have any information that might identify an individual who might pose a risk of harm to the child as a result of CSE?**  **No action will be taken against any person named here based only on the information that you provide.**  ***Please complete the below with any information you may have.***  ***This information needs to be e-mailed to the Police Safeguarding co-ordination Unit (SCUs) as per your normal practice in relation to child protection referrals to police:*** | | | | | | | | |
| **Name or Nickname [Alias]:** | | | Click here to enter text. | | | | | |
| **DOB:** | | Click here to enter text. | | **Age:** | Click here to enter text. | **Gender:** | | Click here to enter text. |
| **Ethnic appearance:** | | | | | Click here to enter text. | | | |
| **Any distinguishing** **fixtures:** *(tattoos, Marks, scars)* | | | | | Click here to enter text. | | | |
| **Phone numbers:** *[Any number you may hold or made aware]* | | | | | Click here to enter text. | | | |
| **Address:** *[Any addresses linked to the person or localities where the child may have been taken]* need single form for location information | | | | | Click here to enter text. | | | |
| **Any social media you know is using:** *[Facebook, Twitter, Instagram, Snapchat, Whatsapp etc.]* | | | | | Click here to enter text. | | | |
| **Suspected/ known links to others**  **who may pose a risk.**  *[Please complete a separate page for each individual]* | | | | | Click here to enter text. | | | |
| **VEHICLE** | **Make** | | **Model** | | **Colour** | | **Registration** | |
| Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | |
| **Is there a risk present to others, i.e. other child/ vulnerable adult?** | | | | | Click here to enter text. | | | |
| **Why do you think this person is a perpetrator and what is the relationship with the victim** *(if any)* | | | | | Click here to enter text. | | | |
| **Any other details you have for the perpetrators/ suspects.** | | | | | Click here to enter text. | | | |
| **What immediate risks does the young person face?** | | | | | Click here to enter text. | | | |

**Outcome:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Refer to Social Care or Police accordingly:** | **YES** | **NO** | **Refer to CSE MARAC meeting:** | **YES** | **NO** |
| **Immediate strategy meeting:** | **YES** | **NO** | **Support agency to complete SAF:** | **YES** | **NO** |