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| 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:**

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| **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** [ ]  |