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| 13_crest_white | PHOTO OF CHILD |
|  | **Planning for Missing** |
|  | 'All sections are to be completed by the social worker at the Placement Planning meeting, in consultation with the carer / placement provider, when a child is identified as being at risk of going missing'. |
|  | Name of child: |       | Date of Birth: |       | Age: |      |
|  | Current Address and tel number: |       |
|  |  |       |
|  |  |       |
|  |  |       |
|  | Point of contact for Placement / Carer: Name/Number/Position Held:       |
|  | Legal Status of the Child: Who has parental responsibility and which care order are they under: |
|  | Person Completing form: Name/Position Held:       |

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| **BACKGROUND HISTORY OF THE CHILD** |
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| **CHILD’S DETAILS**  |
| **SURNAME:**       | **FORENAME(S): (include Alias names/nicknames)**        |
| **Date of Birth:**       | **Age:**       | Place of Birth:       |
| Sex: Male [ ]  Female [ ]  | Nationality:       |
| Immigration status (if applicable):       |
| Language spoken:       |
| Photograph Obtained: **Yes** [ ]   **To be e-mailed** [ ]   **(compactphotos@essex.pnn.police.uk)** |

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| **ETHNIC APPEARANCE** |  |
| 1 White North European | [ ]  |
| 2 White South European | [ ]  |
| 3 Black | [ ]  |
| 4 Asian | [ ]  |
| 5 Chinese/Japanese or south east Asian | [ ]  |
| 6 Middle Eastern | [ ]  |
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| **CURRENT DESCRIPTION** |
| Height:      ft      inches or      M      cm | Shoe Size:       |
| Handed: Left [ ]  Right [ ]  Ambi [ ]  | Eyewear: Glasses [ ]  Contact Lenses [ ]  Not Worn [ ]  |
| Hair Type: (e.g. short, cropped)       | Hair Colour:       |
| Hair Features:       | Facial Hair:       |
| Eye Colour:       | Accent:       |
| Build: Please describe:       | Complexion:       |
| Sexuality: (if known)       |
| **Habits/Peculiarities/style of dress:**   |

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| **VULNERABILITY / WARNING** |
| Firearms | [ ]  | Weapons | [ ]  | Violent | [ ]  | Suicidal  | [ ]  |
| Physical health concerns | [ ]  | Allergies | [ ]  | Contagious | [ ]  | Self-Harmer  | [ ]  |
| Trafficking | [ ]  | Gangs | [ ]  | Drugs | [ ]  | CSE  | [ ]  |
| Radicalisation | [ ]  | FGM | [ ]  | Criminal Exploitation | [ ]  | Trauma [ ] Bereavement [ ] Other [ ]  |
| **Vulnerability / Warning Notes:** if any of the above are ticked please give detailed explanations, to assist in informing risk assessments and mitigating risk should the child go missing:      |
| **Identifying Marks:** (scars/tattoos/piercings/dental/peculiarities)       |
| Childs mobile phone number and the make / model of phone:       | Childs e-mail address:       |
| Childs social network profiles i.e. Facebook / Twitter / Instagram / Snapchat – To include their profile names       |

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| **ADDITIONAL INFORMATION** |
|  Bank Card Details: (If Known) |  | Card Provider: |  | Card Type: |  |
|  |       |  |       |  |       |  |
|  | Name on Card/Current location: (if known)  |       |  |
|  | Cash: |       |  |  |
|  |  |
| School / College / Place of Education Details:       |
| Phone Number:       |
| Disability: Yes [ ]  No [ ]  Please give details:       |
| Details of any illness known and/or medication:       |
| Religion:       | Doctor’s Details:       |
| Access to a Vehicle? Details of driver no, registration number etc      Access to a bus pass? Details eg number and issuer       |
| Phone Number:       |
| Languages Spoken:       | Dentist details:       |
| Blood Group (if known): | O+ | [ ]  | O- | [ ]  | A+ | [ ]  | A- | [ ]  |
| B+ | [ ]  | B- | [ ]  | AB+ | [ ]  | AB- | [ ]  | Phone Number:       |
| Passport Details: (consider DV/HBV/Forced marriage risk) |
|  | Passport Number: |  | Name on Passport: |  |
|  |       |  |       |  |
|  | Current location of Passport: |       |  |
|  |  |
| Are there any memorable dates i.e. the death of a family member or friend? Yes [ ]  No [ ]  Details:       |

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| **ASSOCIATE INFORMATION** |
| Known friends / associates / family members – please regularly update this form with any new associates or locations the young person has mentioned. |
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|  | **Name** | **Address** | **Association** | **Phone Number** | **Associated Risks** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |

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| Missing person previously accompanied by (If left with other residents previously):       |

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| **PREVIOUS ADDRESS** |
| Premises (name and/or house number):       | Postcode:       |
| Street:       | Home Phone:       |
| District:       | Work Phone:       |
| Town:       | Mobile Phone:       |
| County:       |

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| **MISSING EPISODE HISTORY** |
| Missing episode history: |  |
| Previous locations found: |  |
| All recent information: |  |
| Significant places of interest: |  |

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| --- | --- | --- |
|  |  |  |
| **Completed form to be emailed securely to:** **missingpersonliaisonofficers@essex.pnn.police.uk** |

* *It should be explained to the child that this information will be held by the police in a reactive capacity. It will only be used should the child go missing. At that point this information would be used to help inform the police in order to mitigate any risk to the child and safely locate them.*