# **Appendix 3: Essential Information form**

**Text, company name

Description automatically generated**A picture containing text, clipart, screenshot

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**Central Bedfordshire**

**Safeguarding Children Board**

**Essential Information Sheet**

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| **Personal Information** | | | |
| **Forename:**  **Surname:**  **Nick-name:**  **DOB / Age:**  **Country of Birth:**  **Gender:** Male / Female | | **RECENT PHOTOGRAPH (**insert in space below) | |
| **Photo attached:** Y/N | |
| **Date Photo Taken: \_\_/\_\_/\_\_** | |
| **Who has Parental responsibility:** | | **Consent given for Photo to be used for Media:** Y/N | |
| **Asylum Seeker:** Y / N  **Ethnic Origin:**  **Ethnic Appearance:**  **Accent :** | | **First Language:**  **Level of spoken English:**  **Level of written English:** | |
| **Description of person** | | | |
| **Height:** |  | **Hair style:** |  |
| **Build:** |  | **Hair Colour:** |  |
| **Glasses:** |  | **Marks/Scars/ Tattoo’s/Piercings:** |  |
| **Eye Colour:** |  | **Right or Left handed :** |  |
| **Disability – Learning/ Physical:** | | | |
| **Typical Jewellery Worn:** | | | |
| **Typical clothing worn:** (for example, hoody, jeans, jogging bottoms, cap) | | | |
| **Last seen wearing:** | | | |
| **Contact/ Personal Details** | | | |
| **Mobile Phone Number:** | | **Make / Model:**  **Network:** | |
| (Provide usernames for each type of account if possible)  **Facebook: Twitter:**  **Snap Chat: What’s app:**  **Other apps used:** | | | |
| **Current Residential Address:**  **Post code:**  **Dates: From \_\_/\_\_/\_\_ To\_\_/\_\_/\_\_**  **Type of address :** (please select) | | **Previous Residential Address:**  **Postcode:**  **Dates: From \_\_/\_\_/\_\_ To\_\_/\_\_/\_\_**  **Type of address :** (please select) | |
| **Care home Y/N** | | **Care home Y/N** | |
| **Foster parents Y/N** | | **Foster parents Y/N** | |
| **Supported living Y/N** | | **Supported living Y/N** | |
| **Home with parents/guardians Y/N** | | **Home with parents/guardians Y/N** | |
| **Favoured Address:** (please provide details of where the frequently attend and who’s address it is)  **Postcode: Occupied by:** | | | |
| **Bank Details** | | | |
| **Bank Name :** | | **Name on account :** | |
| **Sort number :** | | **Account Code :** | |

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| **Legal status and Professional contacts** | |
| **Current Legal Status (S31, S20):**  **Legal Orders:** | **Placing Authority:** |
| **Professional Contacts** | |
| **Social Worker:**  **Name**  **Telephone Number:**  **Email Address:**  **YOT Worker:**  **Name**  **Telephone Number:**  **Email Address:** | **After School Worker:**  **Name**  **Telephone Number:**  **Email Address:**  **Placement Key Worker:**  **Name**  **Telephone Number:**  **Email Address:** |
| **Curfew times:** | |

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| **Medical Conditions / Contact** | | | | |
| **Health Centre:**  **GP:**  **Address:**  **Tel:** | | | | **Disability:**  **Medical conditions:** |
| **Current Medication:** | | | | **Essential Medical Information:** |
| **Education** | | | | |
| **School Name and Address:**  **Special Educational Needs:** | | | | **School Contacts**  **Head teacher:**  **Safeguarding Lead:**  **Teacher:** |
| **Transportation to School / place of education:** | | | | |
| **Taxi company:** | | | | **Phone number:** |
| **Driver:** | | | | **Passenger Assistant:** |
| **Times:** | | | | |
| **Risks / Background information** | | | |  |
| **Current Risk of Child Sexual Exploitation (please refer to CSE screening tool)** | | | | |
| **High Y/N** | | (Explain reason for risk level identified ) | | |
| **Medium Y/N** | | (Explain reason for risk level identified ) | | |
| **Low Y/N** | | (Explain reason for risk level identified ) | | |
| **None identified** | | (Explain reason for risk level identified) | | |
| **Provide details of associates / friends:** | | | | |
| **Background Information informing risk assessment outcome:** | | | | |
| **Date last risk assessment completed:** | | | | |
| **Identified patterns in behaviour around previous missing/absent episodes:** | | | | |
| **Behavioural Characteristics:** | | | | |
| **Please use this space to provide any additional information that you feel may be relevant in the event or a missing/absent episode:** | | | | |
| **Other identified/possible risks (if relevant please provide explanation in space provided below)** | | | | |
| **Drugs** | **Y/N** | |  | |
| **Alcohol** | **Y/N** | |  | |
| **Mental Health** | **Y/N** | |  | |
| **Self-Harm** | **Y/N** | |  | |
| **Violence** | **Y/N** | |  | |
| **Gangs** | **Y/N** | |  | |
| **Radicalisation** | **Y/N** | |  | |
| **FGM**  (Female genital mutilation) | **Y/N** | |  | |
| **HBA**  (Honour Based Violence) | **Y/N** | |  | |
| **MDS**  Modern Day Slavery | **Y/N** | |  | |
| **Other:** Please specify | | |  | |

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| **PERSONAL CONTACTS** | |
| **Specify whether contact is open, supervised or forbidden and enter special arrangements wherever required.** | |
| **FAMILY :** | |
| **Name:**  **Relationship:**  **Contact Details:**  **Address:**  **Contact Arrangements:** | **Name:**  **Relationship:**  **Contact Details:**  **Address:**  **Contact Arrangements:** |
| **Name:**  **Relationship:**  **Contact Details:**  **Address:**  **Contact Arrangements:** | **Name:**  **Relationship:**  **Contact Details:**  **Address:**  **Contact Arrangements:** |

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| **ASSOCIATES / FRIENDS:** | |
| **Name:**  **Relationship:**  **Contact Details:**  **Address:**  **Contact Arrangements:** | **Name:**  **Relationship:**  **Contact Details:**  **Address:**  **Contact Arrangements:** |
| **Name:**  **Relationship:**  **Contact Details:**  **Address:**  **Contact Arrangements:** | **Name:**  **Relationship:**  **Contact Details:**  **Address:**  **Contact Arrangements:** |

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| **Last Update – below section to be completed each time any information on the form is updated** | | |  |  |  |
| **By whom:** | **Date:** | **Time:** | **Updated form submitted to:** | | |
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