# **Appendix 3: Essential Information form**

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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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