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| Category of Referral: (tick all which apply): Sexual Exploitation [ ]  Criminal Exploitation [ ]  Missing from Home [ ]  Other [ ] Is the young person / their carer aware of this referral? No [ ]  Yes [ ] Has consent been given to make this referral? No [ ]  Yes [ ]   |
| SW Name:  | Team: |
| Manager’s Name: |  |
| Child’s Name:  | DOB: Age:  | LCS ID:  |
| Status: Referral [ ]  CIN [ ]  CP [ ]  LAC [ ]  PP [ ]  |
| Professionals currently involved: |
| Bolton’s Complex Safeguarding Team support children and young people where, based on the referrer’s information, it is concluded that they are likely to be harmed due to exploitation. The GMP Complex Safeguarding Police Team work to prosecute and disrupt perpetrators alongside other agencies from Bolton’s BSAFE Partnership. In order to aid this process, we require as much detailed information about people and places of concern as possible.  |

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| **What do you/others feel keeps this child/young person safe? (e.g. reported MFH, protective carer)**  |
| **What areas of stability does this child/young person have in their life? (e.g. education, family, living arrangements)**  |

**People of concern**

|  |  |
| --- | --- |
| **Name, Address, D.O.B, Occupation, Family Circumstances, Links and Associates, Known/Perceived risks to child/young person.** | **Source of information** |
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|  |  |

**Places of concern**

|  |  |  |
| --- | --- | --- |
|  |  | **Source of Information** |
| **Addresses:** |  |  |
| **Localities:** |  |  |
| **Vehicles:(reg/make/model/colour)** |  |  |
| **Online/social media platforms:** |  |  |

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| **What are you/others worried about and why? (e.g. areas of unmet need, exploitation concerns) Ensure information is dated and sourced.**  |
| **Other children/young people who may be at risk?**  |
| **Has an NRM been submitted?** Yes [ ]  No [ ]  Don’t know [ ]  |
|  |  |
| **THIS SECTION TO BE COMPLETED BY COMPLEX SAFEGUARDING TEAM**Date received: Consult with: Date: Strat held: [ ]  Subject to Police Investigation: [ ]  Linked to Existing Police Operation [ ]  Disruption [ ] Referral outcome: Adopted [ ]  Date booked for CEAM: Invite sent to SW [ ]  Rejected [ ]  Reason:  |