**Appendix 7: Looked After Child Information Sharing Form (Grab Pack)**

# Looked After Child Information Sharing Form

COMPLETED and UPDATED record to be provided to POLICE

Please use this template to update information on children in your care, or for whom you are responsible.

**Section 1**

**To be completed at the start of the placement and maintained throughout**

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| **Full Name:****Previous names****Nickname/Street name:** | **Recent Image of Child** |
| **DoB:**. | **Current home address:**.**Primary contact:****Office Tel No:****Mobile Tel No:** |
| **Contact and Social Media****Mobile phone number:** **Facebook Username****Twitter Username****BBM detail/PIN Access Code:****Email addresses:****Any other social media: (Instagram etc)** | **Height: ………….** **Weight: …………** **Build: …………...****Complexion: …………** **Eye Colour: …………** **Hair: ……………..** **Marks, scars, tattoos:** |
| **Physical/Psychological disabilities**  |
| **Length at placement:****Previous placement/Home Address:** |
| **Ethnicity:****Nationality:** |
| **Legal status (including orders/Immigration)** | **School/College/Employer (including contact details)** |
| **Medical requirements – Including Medication** |
| **Placing Authority:** | **Social Worker name:****Contact (phone/Mobile/email)****Detail of Child protection plan if relevant** |
| **Childs Next Of Kin – Including relationship and contact:** |
| **OYSTER Card Number & Adult Sponsor (U16):** | **Bank Account Details and Access to funds:****Eg Debit card etc** |
| **Does the child smoke, consume alcohol or illegal/recreational drugs?****Provide full details:** | **Provide details of the child’s friends, include their home address and contact details:** |
| **Details of other associates and family members that the child has contact with, include their home address and contact details:**  |
| **Locations Frequented/Places or worship*****If the child has been missing before, include where they were found*** |
| **Risk Factors – Victim or potential victim, of forced marriage, FGM or trafficking, or sexual exploitation**  |
| **Risk Factors – At risk from Gang Involvement/Membership*****Consider new acquaintances, unexplained cash funds, regular travel patterns*** |
| **Risk Factors – Is the child previously known for Suicide Attempts or Self Harm Tendencies:*****Provide details including dates*** |

**Section 2**

**To be updated when the child goes missing**

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| **Circumstances:** |
| **Risk Factors - Recent Behaviour or incidents that have occurred leading up to being missing** ***Victim of crime or bullying, problems with school/college, bereavement/life changing events.******Include recent ABSENT or UNAUTHORISED ABSENCE details*** |
| **Risk Factors - Does the child need essential medication or treatment not readily available to them e.g. asthma inhaler, insulin** |
| **Place last seen:** |  |
| **Time & Date:** |  |
| **By whom:** |  |
| **Who with:** |  |
| **Description:** |  |
| **Reporting person Name, role and contact details** |  |

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| **Missing Incident – Attempts to Locate**Contact Enquiries with Known Friends, Relatives and Acquaintances |
| **Date** | **Time** | **Name/Contact No and****Address** | **Result** |
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| **Notes** |
| **Completed by** | **Date / Time** |
| **Received by** | **Date / Time** |

**This form should be emailed to police when the child goes missing, and must include an up to date photo**