|  |
| --- |
| CHANGE OF ADDRESS NOTIFICATION |
| PERMANENT ADDRESS | TEMPORARY ADDRESS | ADDITIONAL ADDRESS |
|  |
| Has the family transferred from another authority? | YESAUTHORITY:  | NO |
|  |
| Child’s full name. | Name(s): | D.O.B: |
| Full address of new residence. | Postcode: |
| Date the child moved to new residence. |  |
| The duration of stay? |  |
| Significant others who are residing with the child(ren) – **Please include:****D.O.B** **&** **RELATIONSHIP.** Ensure that they have been Police checked.**(If these people are having a significant amount of unsupervised contact)** | Name(s): | Relationship with child(ren): |
| Full address of the residence the child(ren) have moved from. | Postcode: |
| Will the children have contact with the previous residence? | NO YES | Comments: |
| Category of Registration. |  |
| Name & Contact for Social Worker. | Name: | Contact Details: |

**GREATER MANCHESTER POLICE**

Safeguarding Vulnerable Persons Unit

Please e-mail the **FULLY** completed document to **publicprotection.division@gmp.pnn.police.uk.**

**NOTE:** Changes of address requests will not been dealt with over telephone.

**NOTE:** Any document that is not **FULLY** completed will indefinitely be sent back and the request will not be completed until amendments have been made.

**Contact details for the Operational Support Team:**

Katie: 0161 856 7484 Michelle: 0161 856 5017

Joanne: 0161 856 6411 Becky: 0161 856 3104

Jessica: 0161 856 0179