

**Classification: OFFICIAL-SENSITIVE**

 **S47 Information Exchange Form**

 [***“Working Together to Safeguard Children***](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) ***(2018)”***

**Once completed please forward your form to:** **RiskandReferralUnit@Derbyshire.PNN.Police.UK**

**Please ensure that ALL relevant and accurate details of the persons you wish to discuss are recorded in the correct fields. This (where possible) must include full names, Dates of Birth and associated home address.**

***\*\*Please note that research will only be completed and shared in relation to persons correctly listed in this document. Any additional names (i.e. in the summary will NOT be researched, similarly any requests for information during the strategy discussion will also NOT be*** ***facilitated) \*\****

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| **Is an urgent strat required?****(i.e. an immediate safeguarding concern)** | Choose an item. | **What is the nature of the immediate concern?** | **Please Specify:****……………………………………………………****……………………………………………………** |
| **Date of last strategy discussion** | Choose an item. |  |  |
| **Is this strategy discussion in relation to a CRE concern:****Has a CRE toolkit been completed?** | Choose an item.Choose an item. | **Date of last toolkit****Risk Identified** | Click or tap to enter a date.Choose an item. |
| **Is this strategy discussion in relation to a missing child?** | Choose an item. | **Is this strategy discussion FGM related?** | Choose an item. |

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| **Reporting area:** | Choose an item. | **Name of person completing this form:****Job Role:****Contact No:****Date** | Click or tap to enter a date. |

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| **Has this matter been reported to the police** | Choose an item. | **Date referred/reported:****Incident/Occurrence Number:** | Click or tap to enter a date. |
| **Injuries to the child (Please be specific – for e.g. bruising to upper left arm – if unknown please state)** | **Please specify:**………………………………..………………………………. | **Initial Safety Plan/Actions and Outcome of discussion (S47 etc)** | **Please specify****……………………………..****……………………………...** |

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| **Did an OOH Strat discussion with police take place** | Choose an item. | **If Yes, please specify the Police representative, contact number and force area (including out of force please)** |  |
| **Has a CP/ Medical been considered?** | Choose an item. | **Please give reasons why a CP or Forensic medical may be necessary: (for e.g. unexplained bruise/within the police 72-hour forensic timeline for sexual offences)** | **Please specify****………………………………………………………………………………………………………………………………** |

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| **Subject of Discussion (Child/Unborn/Victim etc)** |
| **First Name:** |  | **Surname:** |  |
| **Person ID:** |  | **Date of Birth:****Age:**  | Click or tap to enter a date. |
| **Gender:** |  |  |  |
| **Nationality/Language:** |  | **Home Address:** |  |
| **Current School or Educational establishment:** |  | **School Contact and Telephone Number:** |  |
| **Do any of the following apply?** | Choose an item. | **Does this person have any disabilities/health conditions or other vulnerabilities?** | Choose an item.**Please specify details:****…………………………………………………………….****…………………………………………………………….** |
| **Is there an allocated Childrens worker?** | Choose an item. | **Name and Contact Number of allocated SW – (If not available please supply Managers details)** |  |

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| **Nature of Concern: *(Key relevant points, please be specific to this referral only/do not cut and paste the referral or police PPN). Please include the following:*** |
| **Date:** **Time:** **Location:****Victim:** **Suspect:** **Witnesses:****What is being alleged and against who:** **What are the wishes and feelings of the child?****Is there a police complaint?****Any other relevant information:** |

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| **Area of Concern – *(Please tick the boxes that apply)*** |  |
| **Physical Harm** [ ]  | **Sexual Harm** [ ]  |
| **Neglect** [ ]  | **Emotional Harm** [ ]  |
| **Domestic Abuse** [ ]  | **Grooming/Indecent Images of Children/Online abuse** [ ]  |
| **CRE** [ ]  | **Sexualised Images in School/College between pupils** [ ]  |

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| **Adult/Child that lives at the same address as the subject/child/victim/unborn**  |
| **First Name:** |  | **Surname:** |  |
| **Date of Birth:** | Click or tap to enter a date. | **Contact Tel numbers/****E-mail address:** |  |
| **Relationship to Subject (Child/Victim/Unborn)****Is this person aware of the referral/disclosure** | Choose an item.Choose an item. | **Does this person have any access to any other children?** | Choose an item.**Please specify details:****…………………………………………****…………………………………………** |
| **Does this person have any disabilities/health conditions or other vulnerabilities?** | Choose an item.**Please specify details:****………………………………………****………………………………………** | **Do any of the following apply?** | Choose an item.**Please specify details:****……………………………………………****……………………………………………** |

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| **Adult/Child that lives at a different address to the Subject/child/victim**  |
| **First name:** |  | **Surname:** |  |
| **Date of Birth:** | Click or tap to enter a date. | **Address:****Contact Tel numbers/****E-mail address:** |  |
| **Relationship to Subject (Child/Victim/Unborn)****Is this person aware of the referral/disclosure** | Choose an item.Choose an item. | **Does this person have any access to any other children?****Please specify** | Choose an item.……………………………………………. |
| **Does this person have any disabilities/health conditions or other vulnerabilities?** | Choose an item.**Please specify details:****………………………………………….****………………………………………….****………………………………………….** | **Do any of the following apply?** | Choose an item.**Please specify details:****……………………………………………****……………………………………………****……………………………………………** |

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| **Adult/Child that poses a risk to the subject (Suspect/RSO/Carer/Teacher etc)** |
| **First name:** |  | **Surname:** |  |
| **Date of Birth:** | Click or tap to enter a date. | **Address:****Contact Tel numbers/****E-mail address:** |  |
| **Relationship to Subject (Child/Victim/Unborn)****Is this person aware of the referral/disclosure** | Choose an item.Choose an item. | **Does this person have any access to any other children?****Please specify**  | Choose an item.**……………………………………………****……………………………………………** |
| **Does this person have any disabilities/health conditions or other vulnerabilities?** | Choose an item.**Please specify details:****………………………………………….****………………………………………….** | **Do any of the following apply?** | Choose an item.**Please specify details:****……………………………………………****……………………………………………** |

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| **Adult/Child associated with the above (Parent/Sibling etc)** |
| **First name:** |  | **Surname:** |  |
| **Date of Birth:** | Click or tap to enter a date. | **Address:****Contact Tel numbers/****E-mail address:** |  |
| **Relationship to Suspect** **Is this person aware of the referral/disclosure** | Choose an item.Choose an item. | **Does this person have any access to any other children?** | Choose an item.**Please specify details:****……………………………………………****……………………………………………****……………………………………………** |
| **Does this person have any disabilities/health conditions or other vulnerabilities?** | Choose an item.**Please specify details:****……………………………………………****……………………………………………** | **Do any of the following apply?** | Choose an item.**Please specify details:****……………………………………………****……………………………………………** |