**Risk to Children Notification**

**RtCN1**

**PERSON POSING RISK TO CHILDREN - INFORMATION REQUIRED FOR NOTIFICATION**

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| **(Derby City Cases)****This form is to be used to notify a person who poses a risk to children in general but not specific children at this time. When completed the forms should be sent via online referral as detailed below.****Where there is an identified child at risk, the making a referral to children’s social care process as outlined on the DDSCP website should be followed.** [**https://myaccount.derby.gov.uk/en/service/report\_concerns\_about\_a\_child**](https://myaccount.derby.gov.uk/en/service/report_concerns_about_a_child)**County (including South Derbyshire Cases)****This form is to be used to notify a person who poses a risk to children in general but not specific children at this time. When completed the forms should be sent via online referral as detailed below.****Where there is an identified child at risk, the making a referral to children’s social care process as outlined on the DDSCP website should be followed.**[**https://www.derbyshire.gov.uk/social-health/children-and-families/support-for-families/starting-point-referral-form/starting-point-request-for-support-form.aspx**](https://www.derbyshire.gov.uk/social-health/children-and-families/support-for-families/starting-point-referral-form/starting-point-request-for-support-form.aspx)**When completed the form should be sent to** **starting.point@derbyshire.gov.uk** |

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| **PLEASE SELECT** |
| **INFORMATION ONLY** |  |  |  |

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| **DETAILS OF PERSON PRESENTING RISK** |
| FAMILY NAME | SURNAME | FIRST NAMES | SECOND |
| ADDRESS AT TIME OF CONVICTION  |  |  |  |
| POST CODE |  | DOB |  |
| GENDER |  | ETHNICITY |  |

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| **CURRENT / PROPOSED COMMUNITY ADDRESS** |
| TYPE OF ADDRESS |  |
| ADDRESS |  |

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| **DETAILS OF ALL KNOWN PERSONS (ADULTS & CHILDREN) RESIDING AT THE ABOVE ADDRESS** |
| **NAME** | **DOB** | **EO** | **Relationship to children if resident there** |
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| **DETAIL OF RELEVANT OFFENCE(S) CONCERNING RISK TO CHILDREN, INCLUDING IDENTIFYING PERIODS OF STATUTORY INVOLVEMENT** |
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| **DATE AND DETAIL OF SENTENCE IN RELATION TO THIS OFFENCE** |
| DATE |  | SENTENCE |  |

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| **DETAILS OF KNOWN VICTIMS** |
| NAME | DOB/AGE/EO | ADDRESS | RELATIONSHIP |
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| **ANY OTHER INFORMATION RELEVANT TO A RISK TO CHILD(REN) ASSESSMENT**  |
|  | **Low\*** | **Medium\*** | **High/Very High\*** |
| **Current Assessment of Risk to Children (OASys):** | **□** | **□** | **□** |
| **\***Definitions:**Very High:** Riskof Harm to child(ren) is imminent and impact likely to be serious**High:** Identifiable indicators of serious harm and event could happen at any time**Medium:** Identifiable indicators of risk of serious harm and offender has potential to cause serious harm but is unlikely to do so unless there is a change in circumstances**Low:** Current evidence does not indicate likelihood of serious harm |
| **Information relevant to risk assessment:** |

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| **IS THIS A MAPPA CASE?** | **Yes □** | **No □** |
| **If yes provide details, including offender category, MAPPA level at which managed and agencies involved.** |
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| **SIGNATURE – Please sign and date this form** |
| **Signature*****Offender Manager*** |  | **NPS/CRC** |  | **Date** |  |