**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**](mailto:starting.point@derbyshire.gov.uk) |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |