**CONFIDENTIAL**

SUNDERLAND - NEED TO KNOW / NOTIFICATION - POLICY

**The completed form should be sent to the following e-mail accounts**

**and individuals – LAC Service Manager and HoS/Director.**

|  |  |
| --- | --- |
| Type of notification: |  |

|  |  |
| --- | --- |
| Date of initial notification: |  |

|  |  |
| --- | --- |
| Name of notifying author: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Team name and location: |  | Telephone: |  |

|  |  |
| --- | --- |
| Name of line manager: |  |

|  |  |
| --- | --- |
| Dates of further updates recorded in section 8: |  |

**Section 1: Personal Details of the Need to Know/Notification**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of subject of Need to Know: |  | Date of birth: |  |

|  |  |
| --- | --- |
| Current legal status:  |  |

|  |  |
| --- | --- |
| Name of independent reviewing officer: |  |

|  |  |
| --- | --- |
| Address and telephone number:  |  |

|  |  |
| --- | --- |
| Other names associated with subject: |  |

Section 2: Incident or issue being reported, when and where it occurred

|  |
| --- |
|  |

**Section 3: Background information relevant to the incident being reported**

|  |
| --- |
|  |

|  |
| --- |
| **Section 4: Initial assessment of severity of situation** |

|  |
| --- |
|  |

Section 5: Line manager comment

|  |
| --- |
|  |

Section 6: Communication

|  |  |
| --- | --- |
| Line manager to comment on whether elective/executive member should be informed: |  |

|  |  |
| --- | --- |
| Line manager to comment on whether a statement should be prepared for the media: |  |

**Section 7: Immediate actions being taken, and important dates**

|  |
| --- |
|  |

**Section 8: Any implications for, or potential impact on other parts of the service/authority**

|  |
| --- |
|  |

**Section 9: Update on initial Need to Know (at least weekly for Children Missing)**

|  |  |
| --- | --- |
| Date of update:  |       |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Date further update to be provided: |  |

**Section 10: Need to Know Agreed by Whom, When**

|  |  |
| --- | --- |
| Date and name of manager: |  |