**APPENDIX 1**

**Missing Child Incident Form (to be given to Berkeley Guardians DSL)**

**Child/Young Person Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name:Click or tap here to enter text. | Click or tap here to enter text. | | | Date of Birth:Click or tap here to enter text. |
| Gender:Click or tap here to enter text. |  | | Height & Build:Click or tap here to enter text. | |
| Eye Colour, Hair  Colour, Glasses, Tattoos, Piercings:Click or tap here to enter text. |  | | Ethnic Origin/Ethnic Appearance:Click or tap here to enter text. | |
| Photo from Registration Form is it Recent (provide a copy) | Yes  NO | | Date of Photo:Click or tap here to enter text. | |
| Mobile Number: | Click or tap here to enter text. | | | |
| Social Network Information (FB, Twitter etc) | Click or tap here to enter text. | | | |
| Email Address: | Click or tap here to enter text. | | | |
| Address Missing From: | Click or tap here to enter text. | | | |
| School Attended: | Click or tap here to enter text. | | | |
| Host Family Name: | Click or tap here to enter text. | Address:Click or tap here to enter text. | | |
| Subject to Child Protection Plan: | Click or tap here to enter text. | | | |

**Informant Details**

|  |  |  |
| --- | --- | --- |
| Name: | Click or tap here to enter text. | |
| Position: | Host Family  BG Employee  Other  (specify) | |
| Contact Number(s): | Click or tap here to enter text. | |
| Email Address: | Click or tap here to enter text. | |
| Date of Report: | Click or tap here to enter text. | Time of Report:Click or tap here to enter text. |

**Circumstances**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Last Seen: | Click or tap here to enter text. | Time Last Seen:Click or tap here to enter text. | |
| Where Last Seen: | Click or tap here to enter text. | | |
| By Whom: | Click or tap here to enter text. | | |
| Who Were They With: | Click or tap here to enter text. | | |
| Agreed Date to  Return: | Click or tap here to enter text. | | Agreed Time to Return:Click or tap here to enter text. |
| Where Did They Say They Were Going? | Click or tap here to enter text. | | |
| What Were They Wearing? | Click or tap here to enter text. | | |

**Enquiries made to locate the child/young person**

***(Please indicate if DSL suspects the missing child/young person is with family or friends.)***

|  |
| --- |
| Click or tap here to enter text. |

**Telephone Numbers Called**

|  |  |  |
| --- | --- | --- |
| Tel:Click or tap here to enter text. | Time:Click or tap here to enter text. | Result:Click or tap here to enter text. |
| Tel:Click or tap here to enter text. | Time:Click or tap here to enter text. | Result:Click or tap here to enter text. |
| Tel:Click or tap here to enter text. | Time:Click or tap here to enter text. | Result:Click or tap here to enter text. |
| Tel:Click or tap here to enter text. | Time:Click or tap here to enter text. | Result:Click or tap here to enter text. |
| Tel:Click or tap here to enter text. | Time:Click or tap here to enter text. | Result:Click or tap here to enter text. |
| Thorough check of host family accommodation? | Yes: No: | Date check was made:Click or tap here to enter text. |
| Time of CheckClick or tap here to enter text. |  | Completed by:Click or tap here to enter text. |
| Any Relevant Information Discovered (phones, documentation, clothing etc) | Click or tap here to enter text. | |
| Other Areas and Addresses Known to Frequent: | Click or tap here to enter text. | |

**Family/Friend Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mother: | Name:Click or tap here to enter text. | Tel:Click or tap here to enter text. | | | | | | | |
|  | Address:Click or tap here to enter text. | | | | | | | | |
| Father: | Name:Click or tap here to enter text. | | Tel:Click or tap here to enter text. | | | | | | |
|  | Address:Click or tap here to enter text. | | | | | | | | |
| Sibling: | Name:Click or tap here to enter text. | | | Tel:Click or tap here to enter text. | | | | | |
|  | Address:Click or tap here to enter text. | | | | | | | | |
| Sibling: | Name:Click or tap here to enter text. | | | | | | Tel:Click or tap here to enter text. | | |
|  | Address:Click or tap here to enter text. | | | | | | | | |
| Boyfriend/Girlfriend: | Name:Click or tap here to enter text. | | | | Tel:Click or tap here to enter text. | | | | |
|  | Address:Click or tap here to enter text. | | | | | | | | |
| Friends/Associates/  Acquaintances | Name:Click or tap here to enter text. | | | | | Tel:Click or tap here to enter text. | | | |
|  | Address:Click or tap here to enter text. | | | | | | | | |
| Friends/Associates/  Acquaintances | Name:Click or tap here to enter text. | | | | | | | Tel:Click or tap here to enter text. | |
|  | Address:Click or tap here to enter text. | | | | | | | | |
| Friends/Associates?  Acquaintances | Name:Click or tap here to enter text. | | | | | | | Tel:Click or tap here to enter text. | |
|  | Address:Click or tap here to enter text. | | | | | | | | |
| Any Other Relatives with Close Contact: | Name:Click or tap here to enter text. | | | | | | | | Tel:Click or tap here to enter text. |
|  | Address:Click or tap here to enter text. | | | | | | | | |
| Any Other Person in Close Contact: | Name:Click or tap here to enter text. | | | | | | | | Tel:Click or tap here to enter text. |
|  | Address:Click or tap here to enter text. | | | | | | | | |

**Transport and Financial**

|  |  |  |  |
| --- | --- | --- | --- |
| Cash Amount: | Click or tap here to enter text. | Bank:Click or tap here to enter text. | |
| Bank Account Details: | Click or tap here to enter text. | | |
| Bus Pass Type: | Click or tap here to enter text. | | Number:Click or tap here to enter text. |
| Oyster Card No: (N/A if not applicable) | Click or tap here to enter text. | | |
| Any Other Cards: | Click or tap here to enter text. | | |
| Passport No: | Click or tap here to enter text. | | |

**Risk Assessment**

Please note some of the information requested below may not apply to the missing child/young person, therefore please state ‘not applicable’ or ‘not known’.

|  |  |  |
| --- | --- | --- |
| Medical Condition or Mental/Psychological Disorder or Illness (e.g. epilepsy, diabetes, bipolar) | Click or tap here to enter text. | |
| Medication Taken: | Click or tap here to enter text. | |
|  | How Often:Click or tap here to enter text. | When Next Due:Click or tap here to enter text. |
| Effects of not Taking Medication: | Click or tap here to enter text. | |
| Known Drug or Alcohol use: | Click or tap here to enter text. | |
| Sexually Active: | Yes:  No: | |
| Risk of Sexual Exploitation: | Click or tap here to enter text. | |
| Recent Behaviour: | Click or tap here to enter text. | |
| Suspicion Suicide or Self Harm: | Click or tap here to enter text. | |
| Involvement in Violent / Racial Homophobic, DV Incident Prior to Disappearance: | Click or tap here to enter text. | |
| Money Issues: (e.g. drug debt) | Click or tap here to enter text. | |
| School issues: | Click or tap here to enter text. | |
| Ongoing Victim of Bullying or Harassment: | Click or tap here to enter text. | |
| Previously Absconded, Reported Missing and Exposed to harm Whilst Missing: | Click or tap here to enter text. | |
| Suspicion of Abduction or Murder: | Click or tap here to enter text. | |
| Rik of Radicalisation: | Click or tap here to enter text. | |
| Any Other Risk Factors: | Click or tap here to enter text. | |

**Any Other Information Which May Assist in Locating the Child/Young Person**

|  |
| --- |
| Click or tap here to enter text. |