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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TOTAL** | | | | | | | | | | | | | | | | Form 87B | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | |
| CHILD PROTECTION INQUIRY - INFORMATION REQUEST | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child’s Name:** | | | |  | | **Date of Birth:** | | | | |  | | | **Police URN:** | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Originator** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name/Position:** | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | **Post Code:** | | | |  | | | | | | | | | | | | |
| **Tel. No.:** | | |  | | | | | **Email address:** | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of Subjects Requiring Checks** | | | | | | |  | | | | **(USE ONE FORM PER SUBJECT)** | | | | | | | | | | | | | |
| **Name:** | | |  | | | | | | | | **Location:** | |  | | | | | | | | | | | |
| **Date of Birth:** | | |  | | | | | | | | **Male** | |  | | **Female** | | |  | | | **Ethnicity** | |  | |
| **Address:** | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for Information Request (as per London Child Protection Procedures** **V.4 2010)** | | | | | | | | | | | | | | | | | | | | | | **Y** | | **N** |
| (a) | S.47 Child Protection Referral. | | | | | | | | | | | | | | | | | | | | |  | |  |
| (b) | Inter-Agency Risk Management (MAPPA). | | | | | | | | | | | | | | | | | | | | |  | |  |
| (c) | Initial Assessment to justify S.47. | | | | | | | | | | | | | | | | | | | | |  | |  |
| (d) | Children's Social Care carrying out Child In Need Assessment under S.17 and written consent from the subject obtained. | | | | | | | | | | | | | | | | | | | | |  | |  |
| (e) | Child is subject of Child Protection Plan where additional concerns exist re other person(s) in the household or otherwise connected with the child (this DOES NOT include doing checks for persons the child may visit for short periods, unless urgent placement, without supplying legitimate recorded information to justify the need.) | | | | | | | | | | | | | | | | | | | | |  | |  |
| (f) | Children's Social Care faces any unforeseen or sudden occurrence, that requires an immediate response from the MPS for an urgent placement of a child with family member or friend and the necessary written consents has been obtained. | | | | | | | | | | | | | | | | | | | | |  | |  |
| Consent for Police checks required from subject. If YES, where recorded? | | | | | | | | | | | | | | | | | | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supporting Circumstances / allegation (MUST BE COMPLETED)** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Read & Signed by Person Requesting - Manager** | | | | | | | | | | | | | | | | | | | | | | | | |
| This request is made under the Children Act 1989 and in accordance with the principles in ‘Working Together to Safeguard Children’ and ‘The Framework for the Assessment of Children in Need and their Families’. I understand that any information supplied by the police is confidential in its nature and I confirm that it will be used for the specified purposes only. I undertake not to pass on any information supplied by the police to any other agency or individual without the express permission of the police. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signed:** | |  | | | **Print Name:** | | | | |  | | | | | | | **Date:** | | |  | | | | |
|  | |  | | |  | | | |  | | | | | | | |  | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Police Use only** | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed authority to carry out checks (DS or above) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signed:** | |  | | | **Print Name:** | | | | |  | | | | | | | **Date:** | | |  | | | | |
|  | |  | | |  | | | |  | | | | | | | |  | | |  | | | | |

Retention Period: 7 Years

MP 65/14