**North Yorkshire and City of York**

**Partnership Information Sharing Form**

**Sharing of information is critical to developing a clear picture of local issues and wider community related problems, which can inform Police and Partner actions to reduce threat, risk and harm.**

**North Yorkshire Police and the wider policing family is intelligence driven – and rely heavily on intelligence from our communities, partners and law enforcement agencies, which, often without realisation, could provide crucial links where gaps in intelligence might exist.**

**This form gives professionals a safe and direct way to share information with Police. If the information known to you is non-urgent, not a crime and a child / adult is not at immediate risk, this is appropriate to be shared as police intelligence using this form.**

**Information shared on this form could include a variety of points, such as; information about a concerning incident, suspicious activity, an unusual exchange between two or more people, something that makes you feel uncomfortable, or information that would help Police to safeguard vulnerable people.**

**Anything of immediate risk should be reported via 999 or 101 to the Police Control Room. This form does not replace your usual practice of referring to Children’s Services or Adult’s services. If you have a safeguarding concern, please refer to the following webpages for advice:**

**North Yorkshire Safeguarding Children Partnership:** [**https://www.safeguardingchildren.co.uk/**](https://www.safeguardingchildren.co.uk/)

**City Of York Safeguarding Children Partnership: (**[**https://www.saferchildrenyork.org.uk/**](https://www.saferchildrenyork.org.uk/) **)**

**North Yorkshire Safeguarding Adults Board** [**http://safeguardingadults.co.uk/**](http://safeguardingadults.co.uk/)

**City Of York Safeguarding Adults Board:** [**https://www.safeguardingadultsyork.org.uk/**](https://www.safeguardingadultsyork.org.uk/)

Please provide as much detail as possible regarding names, nicknames, dates of birth, descriptions, vehicle details and relevant addresses.

Please be assured the information you provide is strictly managed and your details will not be incorporated in any subsequent intelligence reports.

**Have you made any other referrals or reports to any other agency regarding this or**

**associated matters?** (e.g NY Police; Children’s Social Care, Youth Justice Service, Health, Education)

If YES, please state which agency here:

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your details** | | | |
| Full Name:  DOB:  Job title: |  | | |
| Organisation: |  | | |
| Address: |  | Telephone / Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Who or Where the information is coming from – if your own observations enter “as above”** | | | |
| Full Name and DOB: |  | | |
| Address: |  | Telephone No: |  |
| If the information is from a 3rd party would they be willing to engage with the Police?  Other Partner (please state)? | | | |
| **How do they / you know this information and for how long** | | | |
| How does this person know this information? |  | | |
| Is this information second hand? |  | | |
| When did they first know the information to be correct? |  | | |
| Who else knows this information? |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is involved – (enter more as required)** | | | |
| **Full Name:** |  | Alias/Nickname: |  |
| Date of Birth: |  | Address: |  |
| Gender: |  | Telephone # |  |
| Description and Clothing: |  | | |
| **Full Name:** |  | Alias/Nickname: |  |
| Date of Birth: |  | Address: |  |
| Gender: |  | Telephone # |  |
| Description and Clothing: |  | | |
| **Full Name:** |  | Alias/Nickname: |  |
| Date of Birth: |  | Address: |  |
| Gender: |  | Telephone # |  |
| Description and Clothing: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Vehicle(s) involved** | | | |
| **Registration #** |  | Make: |  |
| Model: |  | Colour: |  |
| Identifying Features: |  |  |  |
| **Registration #** |  | Make: |  |
| Model: |  | Colour: |  |
| Identifying Features: |  |  |  |

|  |
| --- |
| **LOCATION (s) involved** |
|  |

|  |
| --- |
| **INFORMATION (what they, or you know, or have been told)** |
|  |
| **EMAIL COMPLETED FORM TO:** [**Intelligenceunit@northyorkshire.pnn.police.uk**](mailto:Intelligenceunit@northyorkshire.pnn.police.uk) |