

**Partnership information form**

**Are you reporting events where a Person, Child or Young Person is at
immediate risk of harm? If so request an immediate police response by calling 999.**

**Or call 101 to obtain police assistance and advice if not an emergency, or you feel a crime
is being or has been committed; the purpose of this form is to share information not to report a crime.**

Does your information related to Child Exploitation?
If so, please also refer to the appropriate LSCP practice guidance:

* North Yorkshire Safeguarding Children Partnership Child Sexual Exploitation Practice Guidance
* City of York Safeguarding Children Partnership Child Sexual Exploitation Practice Guidance
* Joint North Yorkshire and City of York Safeguarding Children Partnership Criminal Exploitation and County Lines Practice Guidance’

Please provide as much detail as possible regarding names / nicknames / dates of birth / descriptions / vehicle details / addresses - which should include residence if known, location of incident, school / college / work place attended etc.

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:

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| **YOUR DETAILS** |
| Full name:       | Date of birth:       |
| Job title:       | Organisation:       |
| Address:       |
| Telephone:       | Email:       |

**The following sections of the form must completed otherwise we will be unable to process the information.**

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| **Who or Where the information is coming from? – if your own observations enter “as above”** |
| Full name:       | Date of birth:       |
| Address:       |
| Telephone:       |
| 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?:       |
| When were you first made aware of this information?:        |
| Who else knows this information?:       |
| **ARE THEY AWARE THAT THIS INFORMATION IS BEING SHARED TO POLICE AND MAY BE ACTED UPON?** |  |

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| **Who is involved – (enter more as required)** |
| Full name:       | Alias/Nickname:       |
| Date of birth:       | Gender:       | Telephone:       |
| Address:       |
| Description and clothing:       |

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| --- | --- |
| Full name:       | Alias/Nickname:       |
| Date of birth:       | Gender:       | Telephone:       |
| Address:       |
| Description and clothing:       |

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| --- | --- |
| Full name:       | Alias/Nickname:       |
| Date of birth:       | Gender:       | Telephone:       |
| Address:       |
| Description and clothing:       |

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| --- | --- |
| Full name:       | Alias/Nickname:       |
| Date of birth:       | Gender:       | Telephone:       |
| Address:       |
| Description and clothing:       |

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| **Vehicle(s) involved** |
| Registration:       | Make:       | Model:       | Colour:       |
| Identifying features:       |

|  |  |  |  |
| --- | --- | --- | --- |
| Registration:       | Make:       | Model:       | Colour:       |
| Identifying features:       |

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| **Location(s) involved** |
|       |

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| **INFORMATION (what they, or you know, or have been told, please give a brief specific summary of the relevant information)** |
|       |

 **Email completed form to:** **mailto:Intelligenceunit@northyorkshire.pnn.police.uk**