

**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:

|  |  |  |  |
| --- | --- | --- | --- |
| **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.**

|  |  |  |
| --- | --- | --- |
| **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?** | |  |

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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)** |
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**Email completed form to:** [**mailto:Intelligenceunit@northyorkshire.pnn.police.uk**](mailto:Intelligenceunit@northyorkshire.pnn.police.uk)