|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Referrer** |  | **Name(s) of Child(ren)** |  |
| **School/Organisation** |  | **Age** |  |
| **Contact Email** |  | **School Attended** |  |
| **Contact Number** |  | **Type of Exploitation**  (Criminal/Sexual) |  |

|  |  |
| --- | --- |
| **Please list the initial overarching concerns or indicators of Child Exploitation in the boxes below (*e.g.: Missing from Home, distinct change in behaviour, new or different items of clothing or technology*)** | |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |

|  |  |
| --- | --- |
| **What is the context of the concerns and is there any intelligence/evidence that supports these concerns.** *Include full details, names, date of birth, address etc. for each person mentioned.* | |
| [please type into the box, it will expand to fit your information] | |
| **How do you know the information?** |  |
| **How does the source know the information?** |  |
| **Who else knows?** |  |
| **When did the information come to light** |  |
| **Will the Source be able to provide more information?** |  |

**If you feel that a child you are working with is at risk of serious harm, please ensure that you call Children’s Social Care on 0300 123 6720 (0300 123 6722 5pm-8am) and if you feel they are at immediate risk of harm call 101**