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|  | | ***JERSEY PROTOCOL***  ***MISSING PERSON***  ***INCIDENT*** | | | | ***A picture containing emblem, badge, symbol, crest  Description automatically generated*** |
| **There may be important pieces of information that you are able to provide the States of Police in the event that the person you are caring for has gone missing. Try and have several copies of recent, close-up photographs of the person, this may help your staff and the Police when searching for them.** | | | | | | | |
| **This form is interactive and must be completed electronically. Upon completion, it must be stored as its own version electronically. It should be updated regularly electronically and part 2 fully completed following a missing report. This form should only ever be printed on the request of a representative of States of Jersey Police following the young person being reported missing.** | | | | | | | |
| **Part 1** -(to be completed when it has been identified the individual is at risk of going missing) | | | | | | | |
| Name: Full | | |  | | A silhouette of a person's head  Description automatically generated with medium confidence | | |
| Preferred name: | | |  | |
| Date of birth: |  | | Age: |  |
| Ethnicity: | | |  | |
| Gender/identifies as: | | |  | |
| Current address: | | |  | |
| Postcode: | | |  | |
| Child’s first language:  (*Consider if a translator is required*) | | |  | | | | |
| Patent/Carer names and contact details: | | |  | | | | |
| Details of Care Order: | | |  | | | | |
| Social Worker name & contact Details: | | |  | | | | |
| Professionals working with the child: | | |  | | | | |
| GP name and address: | | |  | | | | |
| Health condition(s): | | |  | | | | |
| Medication required: | | |  | | | | |
| Implications of not taking medication: | | |  | | | | |
| Date of last Child Exploitation (CE) Toolkit completed: | | |  | | | | |
| Evidence of Child Exploitation, Child Sexual Exploitation, County Lines, Modern Day Slavery, Radicalisation | | |  | | | | |
| Any associated risks, i.e., Drugs, Alcohol, Mental Health, Self-Harm, Suicidal, Weapons, Violence:  Please provide further details (i.e. dates and times) | | |  | | | | |

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| Previous home addresses: | 1. |  |
| 2. |  |
| 3. |  |

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| School/Educational Establishment attended: | 1. |  |
| 2. |  |
| 3. |  |

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| Friendship/peer groups (names and addresses): |  | |
| Circumstances of missing episode inc any indication of planning. (Request of additional monies, become secretive, start changing plans last minute, changing clothing, applying makeup, becoming aggressive etc. Last time seen and who by, last time contacted and by what means and response.):  *See Push and Pull factors in Missing Children from Care Framework* |  | |
| Any Curfew/conditions in place i.e., electronic tag, bails conditions. |  | |
| Previous locations found: (Provide all recent information – List all locations) |  | |
| Any Significant dates – example birthdays of parents/deaths etc. |  | |
| General Appearance |  | |
| General description: |  | |
| Height: |  | |
| Weight: |  | |
| Build: |  | |
| Hair Colour: |  | |
| Eyes |  | |
| Jewellery |  | |
| Distinguishing features:  (e.g., scars/tattoos) |  | |
| Distinguishing features – tattoos/ birth marks/ piercings broken *down Feature/what it is/and where it is (i.e., ear pierced/wears a gold stud/both ears OR Tattoo/dragon with heart/top of left leg)* | | |
| Habits: |  | |
| Hobbies |  | |
| **Part 2 -** (**to be completed when the person has been reported as missing**) | | |
| **Description of what the person was last seen wearing. Include colour, designer labels/brands:** | | |
| Shirt/Sweater: | |  |
| Trousers/Skirt: | |  |
| Outerwear, e.g., coat, jacket: | |  |
| Headwear: | |  |
| Gloves: | |  |
| Scarf: | |  |
| Footwear: | |  |
| Jewellery, e.g., watch, rings: | |  |
| Other: | |  |
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| Significant places where child may frequent: | |  | | |
| Details of any Current Child Abductions Notes | |  | | |
| Has the person got any money? |  | | If so, how much? |  |
| Is the money cash or bank card? |  | | | |
| Has the person Got a Bank Account: |  | | Have you got access to this account? (If not, who has) |  |
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| Has the person got a mobile phone? | |  | |
| Number: |  | Network: |  |
| Make |  | Model: |  |
| IMEI Number: |  | Mac Address |  |

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| Has the child previously left or tried to leave Jersey?  *Give details of when, how, relevant contacts and reason for leave/travel* | |  | |
| How does the young person normally travel?  (i.e. bus, foot, bike, electric scooter.) | |  | |
| Does the person have photographic ID? |  | | |
| Does the person have a bus pass/bike licence: |  | Provide details:  e.g. Pass number and Issuer. |  |
| Does the person have access to vehicle(s): |  | Provide details:  e.g. Registration Number/ Driver etc. |  |

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| Does the person have a social Media Accounts (Provide Details): | | |  | | |
| Social media site: |  | Username: |  | Do you have access to the password? |  |
| Social media site: |  | Username: |  | Do you have access to the password? |  |
| Social media site: |  | Username: |  | Do you have access to the password? |  |
| Social media site: |  | Username: |  | Do you have access to the password? |  |
| Social media site: |  | Username: |  | Do you have access to the password? |  |

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| Time, date and location last seen: | |  | |
| Please provide evidence to support each of the above |  | | |
| Does anyone pose a risk to YP (Please provide evidence): |  | |  |
| Does the YP pose risk to anyone (Please provide evidence): |  | |  |

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| Media release? |  | On-call manager aware? | |  |
| Persons informed of child missing (example Parent/carer, Social Worker, Professionals involved etc): | | | | |
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| Details of other staff on duty at the time of missing report. | | | | |
|  | | | | |
| Any other information that may be of help to the Police: | | | | |
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| This section should be completed in conjunction with the premises searched Form. | | | | |
| Have you searched the address the young person is missing from? | | |  | |
| Have you completed and marked off the areas searched as per premises plan? | | |  | |
| Name and position of person searching: | | |  | |
| Signature of person searching and completing plan: | | |  | |
| Have you searched the young person’s bedroom? | | |  | |
| Name and position of person searching: | | |  | |
| Signature of person searching: | | |  | |
| Please detail any information or items located: | | | | |
|  | | | | |
| Please detail any information or items missing: | | | | |
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| This should be completed in conjunction with the *Risk assessed locations & contacts to assist to locate a missing child form.* |
| What enquiries have already been completed to try and locate missing person prior to reporting to the police: |
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| What enquiries will you continue to do whilst the young person is missing (include how often you will complete these): |
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| How will you record this and notify the police that you have done these enquiries: |
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| What arrangements have been made been made to collect the young person when located: |
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| Completed by: |  |
| Relationship to the person: |  |
| Date: |  |

**It is the responsibility of the agency completing and the recipient to protect the information from theft and compromise. This form and the information contained in it must be securely stored.**