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| Official Sensitive | | | | | | | | | | | | | |  |
| **London Children’s Safeguarding Procedures Form 87B** | | | | | | | | | | | | | |  |
| Child Protection Inquiry – Information Request | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Child’s Name** | | |  | | | | **Police URN** | |  | | | | | |
| **Address** | | |  | | | | **Date of Birth** | |  | | | | | |
|  | | | | | | | | | | | | | | |
| **Originator** | | | | | | | | | | | | | | |
| **Name/Position** | | |  | | | | | | | | | | | |
| **Borough** | | |  | | | | | | | | | | | |
| **Tel. No.** | | |  | | | | | **Secure Email** |  | | | | | |
|  | | | | | | | | | | | | | | |
| **Subject Requiring Checks** | | | | | | | **(USE ONE FORM PER SUBJECT)** | | | | | | | |
| **Full Name** | | |  | | | | **Sex** | | **Male**  **Female** | | | | | |
| **Date of Birth** | | |  | | | | **Place of Birth** | |  | | | | | |
| **Nationality** | | |  | | | | **Passport No.** | |  | | | | | |
| **Address** | | |  | | | | **Relationship to the Child** | |  | | | | | |
|  | | | | | | | | | | | | | | |
| **Reason for Information Request (as per London Safeguarding Children Procedures** **V.7 2022)** | | | | | | | | | | | | **Y** | **N** | |
| (a) | S.47 Child Protection Referral. | | | | | | | | | | |  |  | |
| (b) | Inter-Agency Risk Management (MAPPA). | | | | | | | | | | |  |  | |
| (c) | Assessment or Pre-Birth Assessment. | | | | | | | | | | |  |  | |
| (d) | Children's Social Care carrying out Child In Need Assessment under S.17. Please include in your rationale why the request is proportionate, relevant and necessary. | | | | | | | | | | |  |  | |
| (e) | Child is subject to a Child Protection Plan. Please include in your rationale why the request is proportionate, relevant and necessary. | | | | | | | | | | |  |  | |
| (f) | Children's Social Care faces any unforeseen or sudden occurrence that requires an urgent response from the MPS for an immediate placement of a child with family member or friend. This includes an urgent request by the Family Court. ‘Immediate’ is to be taken to mean the child needs to be placed at once and a DBS check cannot be completed in time. | | | | | | | | | | |  |  | |
| **Consent is not required if the information is needed to safeguard or promote the welfare of a child.** | | | | | | | | | | | | | | |
| **A detailed rationale must be provided, to enable police to understand the context of the request.  This is particularly important for  (c), (d), (e) and (f)  (MUST BE COMPLETED)** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Read & Signed by Person Requesting - Manager** | | | | | | | | | | | | | | |
| This request is made under the Children Act 1989 and in accordance with the principles in ‘Working Together to Safeguard Children’ 2018 and ‘The Framework for the Assessment of Children in Need and their Families’. I understand that any information supplied by the police is confidential in its nature and I confirm that it will be used for the specified purposes only. I undertake not to pass on any information supplied by the police to any other agency or individual without the express permission of the police. | | | | | | | | | | | | | | |
| **Signed:** | |  | | **Print Name:** | |  | | | | **Date:** |  | | | |
|  | |  | |  |  | | | | |  |  | | | |
|  | | | | | | | | | | | | | | |
| **Police Use only** | | | | | | | | | | | | | | |
| Signed authority to carry out checks (DS or above) | | | | | | | | | | | | | | |
| **Signed:** | |  | | **Print Name:** | |  | | | | **Date:** |  | | | |
|  | |  | |  |  | | | | |  |  | | | |

Retention Period: 6 Years

MP 14/16