

This form should be used by Local Safeguarding Children Board partner agencies to share information with the Police regarding a person being vulnerable, exploited or missing and child sexual exploitation may be connected. This could be occurring in a particular venue/location or involve particular vehicles etc.

It can also be used to share information regarding victims of human trafficking and possible Perpetrators of VEMT related incidents.

The information is then recorded on the Police Intelligence System to support the Police and partner agencies in their work towards VEMT. This form **must not** to be used to share concerns regarding individual children/young people. This information should be shared by using the Safer Referral Form available on www.teescpp.org.uk

Date/time of report:	
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DETAILS OF PERSON SUBMITTING

Name			
Post/job title			
Agency			
Tel No. Work:			
Mobile No (if available):			
Email:			
Witnessed Incident	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3 rd Party Reporting
			<input type="checkbox"/> Yes <input type="checkbox"/> No

SOURCE DETAILS IF NOT REPORTING PERSON

These are details of the person who witnessed the incident or supplied the reporting person the information

Name			
Post/job title			
Agency			
Tel No. Work:			
Mobile No (if available):			
Email:			
Is the source willing to engage with Police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

TO BE COMPLETED BY THE REPORTING PERSON

SOURCE EVALUATION	A. Always reliable	B. Mostly reliable	C. Sometimes reliable	D. Unreliable	E. Untested source
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION EVALUATION	1. Known to be true without reservation	2. Known personally to the source but not the person reporting	3. Not known personally to the source but corroborated	4. Cannot be judged	5. Suspected to be false
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION

Please provide as much detail as possible about the incident using Aide Memoire below, including the circumstances of how the information was received

Please e-mail completed form to: force.intelhub@Cleveland.pnn.police.uk (secure Police address). If urgent contact the Force Intelligence Hub direct on 01642 301222/301239.

HUB INTELLIGENCE STAFF

ON RECEIPT OF THIS FORM FOLLOW FORCE V.E.M.T. PROCESS

AIDE MEMOIRE IN RELATION TO DETAILS REQUIRED FOR CSE INFORMATION REPORT

- Dates/times of incident(s) the report makes reference to.
- Full name, address and DOB of **all** persons involved (including nicknames).
- Details of trading name / premises of interest (newsagents take away, off licence etc).
- How did the relationship start? / What is believed to be the nature of the relationship?
- Has the child / young person confirmed the existence of the relationship to any person?
- Known mutual associates of the child / young person and adult involved.
- Addresses / locations and days / times of activity taking place.
- Method and times of communication / contact between the parties (including specific detail i.e. social network site account names and numbers / email addresses / telephone numbers.
- Details of any incitement, reward or coercion for sexual activity.
- Details of any payment or other transactions to or from a third party in connection with the sexual activity.
- Details of vehicles used. (Make & Model, Colour, Vehicle registration number).