

RESTRICTED (when completed)



Force Code: **47**

ONLINE INITIAL CONTACT - MINIMUM STANDARDS OF INFORMATION

(minimum standard of information to be obtained and checks to be completed at the initial contact stage)

**Once completed please send this form to the Sussex Police Contact Centre:
Contact.centre@sussex.pnn.police.uk**

WARNING

If there is an immediate or imminent risk of harm to a child then please contact Sussex Police directly by dialling 999 or 0845 60 70 999.

This application will be followed up within 24 hours, but must not be used when immediate attendance is required.

NOTICE TO APPLICANT:

The information obtained in these forms does not replace existing arrangements for Criminal Records Bureau (CRB) checks, Subject Access or Freedom of Information requests, or the new Vetting and Barring process managed by the Independent Safeguarding Authority, nor does it replace existing Safeguarding Children procedures. If your enquiry is unsuitable for the disclosure scheme, Safeguarding Children procedures may be taken.

Under this process a disclosure will not necessarily be made to a person who is not a parent, carer or guardian of the child(ren) registered in Section 3 of this form. If you are not a parent, carer or guardian, your concerns will still be dealt with under normal Safeguarding children procedures to protect the child(ren) you have mentioned in this form from risk of harm.

Relevant checks should be completed by the police using the information given in this form within 24 hours. The results of these checks will be used to assess whether immediate action is needed to safeguard children from harm. This will then be followed by a face-to-face discussion with a specially trained officer to complete a detailed referral form. This should take place soon (but no later than 10 days) after the initial contact. You are advised that credible proof of identity will be required at this stage (preferably photo ID such as a passport or driving licence). We will also look for proof of your relationship to the child(ren) as a parent, carer or guardian. From this, the necessary checks and risk assessments **MUST** be completed before any disclosure can be made. Other than in exceptional circumstances, applications for disclosure should be completed within 45 days of initial contact.

Do you consider yourself to be at risk from the subject of this enquiry? Yes No
(If 'yes', contact Sussex Police using 999 in an emergency or 0845 60 70 999 for non emergency contact.)

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SECTION 1 - DETAILS OF APPLICANT

Surname (SELECT):		Forename(s):	
DOB: DD/MM/YYYY		Place of Birth:	
Address:		Ethnic Origin: SELECT Other, specify:	
Gender: SELECT	Preferred Language: SELECT	Other, specify:	
Preferred method of contact: SELECT		Day & Time:	
Contact telephone number:			
Contact email address:			
If there are any issues about future contact that we should be aware of, please give details:			

If applicant is not the child's parent, carer or guardian – please complete the below as fully as possible:

SECTION 1a – DETAILS OF MOTHER

Surname (SELECT):		Forename(s):	
DOB:	DD/MM/YYYY	Living with:	
Address:		Ethnic Origin: SELECT Other, specify:	
Does the mother know you are making this application? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other useful information:			

SECTION 1b – DETAILS OF FATHER

Surname (SELECT):		Forename(s):	
DOB:	DD/MM/YYYY	Living with:	
Address:		Ethnic Origin: SELECT Other, specify:	
Does the father know you are making this application? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other useful information:			

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SECTION 2 - DETAILS OF SUBJECT

Surname (SELECT):		Forename(s):	
DOB: DD/MM/YYYY		Place of Birth:	
Address:		Ethnic Origin: SELECT Other, specify:	
Gender: SELECT		Occupation:	
Previous Address(es)		Employer and Place of Work:	
Relationship to Applicant: SELECT		Other, specify:	
Additional info/names of all parties:			

SECTION 3 - DETAILS OF CHILD 1 (Additional children on Annex A)

Surname:		Forename(s):	
DOB: DD/MM/YYYY	Gender: SELECT	Place of Birth:	
Address:		Ethnic Origin: SELECT Other, specify:	
Applicant's relationship to Child: SELECT		Other, specify:	
Subject's relationship to Child: SELECT		Other, specify:	

SECTION 4 - DETAILS OF REGISTERED INTEREST

What has prompted you to register an interest in the subject? **Please give details where relevant.**

For information only – no child protection concerns

Subject's behaviour/own observations

The child(ren)'s behaviour/information from child(ren)

Third party information

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How did you hear about the Disclosure Scheme?

Media Coverage Radio Advert Press Advert Poster Leaflet Word of Mouth

Other

If other, please specify:

SECTION 5 - ELEMENTS OF RISK

Does the subject have unsupervised contact with: the child(ren) detailed in section 3?
or other children?

Do you feel that the subject presents an immediate risk to this child(ren)? Yes No
(please give details where possible)

Does the subject know you are making this enquiry? Yes No

Are you concerned about the subject knowing that you are making this enquiry? Yes No
(please give details where appropriate)

SECTION 6 - CONSENT

The sharing of all the information with relevant authorities, for example Children's Social Care, probation and health services, may be necessary for the specific purposes of the disclosure scheme and safeguarding children. **I consent** **/ I do not consent** to the sharing of information for this purpose. I understand that where information I have given indicates that a child may be at risk, the police are entitled to share this information regardless of consent.

I understand that if I have wilfully given false or malicious information to the police to try and obtain information about another person, I may be liable to criminal proceedings. (please tick)

I understand that, should I receive a subsequent disclosure regarding the person I have enquired about, this will be solely for the purpose of keeping myself and/or my child(ren) safe. I understand that I must not share this information with any other person. If I breach this confidentiality I understand that I may be liable to legal proceedings depending upon the circumstances. (please tick)

With regard to the above warning, I agree that, should I receive a disclosure, I will abide by an undertaking to keep this information confidential. (please tick)

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SECTION 7 - ADDITIONAL INFORMATION

Section No Details

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ANNEX A – ADDITIONAL CHILD DETAILS

SECTION 3 - DETAILS OF CHILD 2

Surname:		Forename(s):	
DOB: DD/MM/YYYY	Gender: SELECT	Place of Birth:	
Address:		Ethnic Origin: SELECT	Other, specify:
Applicant's relationship to Child: SELECT		Other, specify:	
Subject's relationship to Child: SELECT		Other, specify:	

SECTION 3 - DETAILS OF CHILD 3

Surname:		Forename(s):	
DOB: DD/MM/YYYY	Gender: SELECT	Place of Birth:	
Address:		Ethnic Origin: SELECT	Other, specify:
Applicant's relationship to Child: SELECT		Other, specify:	
Subject's relationship to Child: SELECT		Other, specify:	

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