  

**PHILOMENA PROTOCOL**

**MISSING YOUNG PERSON’S PROFILE**

**Phone 101 to report child missing and obtain PSNI reference number. Do not submit by email until Ref No is completed:**

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| **PSNI Ref:** |  |

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| **There may be important pieces of information that you can provide to the PSNI in the event that the person you are caring for goes missing. Try and have several copies of recent, close-up photographs of the person, this may help police when searching for them.** |
| **This form is interactive and can be completed and stored electronically. It should be updated regularly and part 2 fully completed in the event of a missing report.** |

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| **PART 1 –** (TO BE COMPLETED WHEN PLACEMENT OF CHILD INTO YOUR CARE) | | | | |
| Name: Full |  | | | Please attach a recent photo here.  Please find one that is up to date and a good likeness of the person. |
| Preferred name: |  | | |
| Date of birth: |  | Age: |  |
| Ethnicity: |  | | |
| Sex/Gender: |  | | |
| Current Address (inc postcode): |  | | |

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| Details of Care Order / status: |  | | |
| SOSCARE / PARIS number: |  | Child Protection Register: | YES NO |
| Social Worker name & contact details: |  | | |
| Professionals working with the child: |  | | |

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| Is the person assessed as at risk of Child Sexual Exploitation: | YES NO | Date of last assessment: |  |
| Summary of exploitation concerns: |  | | |
| Details of any CAWN in place: |  | | |

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

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| School / Educational Establishment attended: | Current School / Establishment: |  |
| Pastoral Lead: |  |
| Previous School / Establishment: |  |

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| Previous Missing from Home incident summary: |  |
| Previous locations found (provide all recent information): |  |
| Significant dates eg birthdays of parents/ deaths etc: |  |
| Significant places of interest: |  |
| Habits: |  |
| Hobbies / interests: |  |

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| GP name and address: |  |
| Health conditions (inc mental health / conditions affecting behaviour: |  |
| Medication required: |  |

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| General description: |  |
| Height: |  |
| Weight: |  |
| Build: |  |
| Hair colour: |  |
| Eyes: |  |
| Jewellery: |  |
| General Appearance: |  |
| Distinguishing features (eg scars / tattoos) |  |
| Distinguishing features – tattoos / birthmarks / piercings – broken down.  Feature / what it is / where it is (ie ears pierced/ wears a gold stud/both ears OR Tattoo / dragon with heart/ top of left leg) | |
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| Has the person got any money?: | YES NO | If so, how much?: |  | | | | |
| Has the person got a Bank Account? | YES NO | Have you got access to this account? (if not who does) | YES NO | | | | |
|  | | | | |
| Name of bank? |  | Sort Code: |  | - |  | - |  | |
| Acc No: |  | Do you hold the Password to access this account? (if not, who does?) | YES NO | | | | |
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| Has the person got a mobile phone?: | | YES NO | | |
| Number: |  | | Network: |  |
| Make: |  | | Model: |  |
| IMEI: |  | | Mac Address: |  |

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| Is there a Find My Phone or other location app activated on this? – Provide details: |
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| Does the person have any other form of Tracking Device? – Provide details: |
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| Does this person have a bus / Translink pass?: | YES NO | Provide details / number: |  |
| Does this person have access to vehicle(s)?: | YES NO | Provide details / reg number / driver: |  |

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| Does this person have a Social Media account(s)? Provide details: | | YES NO | |
| Social Media Site: |  | | |
| Username: |  | | |
| Do you have the password: | YES NO | If yes, what is it?: |  |

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| Social Media Site: |  | | |
| Username: |  | | |
| Do you have the password: | YES NO | If yes, what is it?: |  |

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| Social Media Site: |  | | |
| Username: |  | | |
| Do you have the password: | YES NO | If yes, what is it?: |  |

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| --- | --- | --- | --- |
| Social Media Site: |  | | |
| Username: |  | | |
| Do you have the password: | YES NO | If yes, what is it?: |  |

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| Social Media Site: |  | | |
| Username: |  | | |
| Do you have the password: | YES NO | If yes, what is it?: |  |

**Risk Assessed locations & contacts to assist in location a missing young person.**

**This form should be regularly updated and any new associates & locations added as soon as you become aware of them.**

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| Name of Child: | Date of Birth: | Address: |
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|  | **Name** | **Address** | **Association** | **Telephone** | **Associated risks** |
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| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
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| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
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| **PART 2 A–** ANSWERS TO BE COMPLETED **FOR EACH MISSING REPORT**) | |
| Time, date and location last **seen**: |  |
| Who were they last seen by: |  |
| What was their demeanour / what were they doing when last seen?: |  |
| Do you believe they have their mobile phone with them? | YES NO |
| Attempts to locate via phone? (Ringing / tracking) |  |
| What contact has been made with friends/ family? (who & response required) |  |
| What other residents have been spoken to? (who & response required) |  |

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| Does anyone pose a risk to YP (Please provide evidence): | YES NO |  |
| Does the YP pose risk to anyone, including themself (Please provide evidence): | YES NO |  |
| Any other information that may be of help to the Police: | |  |

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| Part 2B – SEARCH SECTION. | |
| Have you searched the young person’s **bedroom**? | YES NO |
| Have you searched the **address** the young person is missing from? | YES NO |
| What other locations that the YP frequents have been searched? |  |
| Please detail any information or items located / missing: |  |
| Name and position of person(s) searching: |  |

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| Provide details of who should be contacted to discuss media release in the event this is required |  |

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| Details of Shift Coordinator agreeing report to police: |  |
| Completed by: |  |
| 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.**