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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TOTAL** | | | | | | | | | | 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) | Initial Assessment to justify S.47. | | | | | | | | | | | |  |  |
| (d) | Children's Social Care carrying out Child In Need Assessment under S.17. Please provide a rationale as to why the request is proportionate and necessary and include the reason why this request cannot be made via a DBS check (up to 60 day response) or via a request to the Directorate of Legal Services (up to 15 day response). | | | | | | | | | | | |  |  |
| (e) | Child is subject to a Child Protection Plan. Please provide a rationale as to why the request is proportionate and necessary and include the reason why this request cannot be made via a DBS check (up to 60 day response) or via a request to the Directorate of Legal Services (up to 15 day response). | | | | | | | | | | | |  |  |
| (f) | Children's Social Care faces any unforeseen or sudden occurrence that requires an immediate response from the MPS for an urgent placement of a child with family member or friend. | | | | | | | | | | | |  |  |
| **Seeking consent is no longer a requirement**  **Working Together 2018 page 19:**  “The Data Protection Act and General Data Protection Regulations (GDPR) do not prevent the sharing of information for the purposes of keeping children safe. It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a lawful basis to process any personal information required. The legal bases that may be appropriate for sharing data in these circumstances could be ‘legal obligation’ or ‘public task’ which includes the performance of a task in the public interest or the exercise of official authority | | | | | | | | | | | | | | |
| **Detailed rationale for your request.** **(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’ 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: 7 Years

MP 14/16