

**Appendix 4**  
**Looked After Child Information Sharing Form**  
**Police Missing Persons Unit:**

Please use this form to update information on children in your care, or for whom you are responsible

<b>Contact Details for the Child</b>			
Address where child currently resides (family home, Residential Unit, Foster Carer):			
Residential Unit/Foster Carer contact tel. nos:		Contact name:	
Child's full name:		Next of Kin relationship, name & address:	
Placing Authority: (if appropriate)		Social Worker & contact number:	
Doctor:		Child's mobile no:	
Dentist:		Child's N.I.Number:	
Occupation /School/ College:		Occupation /School/ College contact no:	

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Description of the Child		
Ethnic Origin & Ethnic Appearance:	Dob:	
	Age:	
Height & build:	Gender:	
Physical/psychological disabilities:	Recent behaviour:	
Medical conditions & medication required e.g. asthma inhaler, insulin:		
Appearance incl. clothing, eye colour, hair, glasses, tattoos, piercings, facial hair:		
Family history (brief details):		

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Information about friends and relatives etc, visited:			
Date	Time	Name / Phone number & address	Result of enquiries

Details of going Missing	
Time child was last seen:	
With whom:	
The basis for the Risk Assessment classification:	

A recent photograph:

