|  |  |
| --- | --- |
| **PLYMOUTH MACE CONSULTATION FORM****Person reporting the concerns:****Name:** **Organisation:** **Contact details:** **Relationship to the Victim or Person of Concern:** **Where did you hear of the concerns?** |  |
| VICTIM/S |
| Name |  | DOB |  | Age |  | Gender |  |
| Ethnicity |  | Disability/SEN |  | Allocated Service |  |
| Care Status |  | Education Status |  | School/College |  |
| Gang/Group Affiliation |  | Offending History |  | CE Strategy Meeting Date |  |
| CE Tool Assessment Level | Vulnerable Child/YPO [ ]  | High [ ]   | Medium [ ]  | Low [ ]  |
| Remarks / Concerns |
|  |
| OFFENDER/S, SUSPECT/S, or PERSON/S OF CONCERN |
| Name |  | DOB |  | Age |  | Gender |  |
| Ethnicity |  | Disability/SEN |  | Allocated Service |  |
| Care Status |  | Education Status |  | School/College |  |
| Gang/Group Affiliation |  | Offending History |  |
| Remarks / Concerns |
|   |
| LOCATIONS |
| Victim Address |  |
| Address Type (Placement, Home, Sofa Surfing, etc. |  |
| Offender Address |  |
| Address Type (Placement, Home, Sofa Surfing, etc. |  |
| THEMES |
| Missing Episodes |  |
| A&E Attendance |  |
| Cross LA Issues |  |
| Substance Use |  |
| Trafficking |  |
| Internet/Social Media Risk |  |
| County Lines |  |
| Sexual Health Concern |  |
| Radicalisation |  |
| Sibling/Familial CE Risk |  |
| INTERVENTION RECOMMENDED  |
| Intervention Required |  | Allocated To |  |
| Intervention Details |
|  |

Please return the completed form to misper.youth@plymouth.gov.uk