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| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Please return the completed form to [misper.youth@plymouth.gov.uk](mailto:misper.youth@plymouth.gov.uk)