



**Part 1 - Missing From Placement Notification**

WHEN CHILD GOES MISSING PLEASE FAX FORM WITH PART 1 COMPLETED TO EDT FAX: 0151 677 5372 AND SAFEGUARDING UNIT FAX: 0151 666 4443 (if you have no fax please telephone EDT 677 6557 or the child's social worker)

Name of Young Person: \_\_\_\_\_

Legal Status: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Placement: \_\_\_\_\_

Type of Placement: Foster Care / Independent Provider / Brookfield / Other (please state)

Phone Number: \_\_\_\_\_

Date Missing: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Missing: \_\_\_\_\_ AM / PM

Circumstances Leading to Young Person Going Missing: \_\_\_\_\_

\_\_\_\_\_

Possible Risks \_\_\_\_\_

\_\_\_\_\_

What efforts will be or have been made to locate the young person?

\_\_\_\_\_

\_\_\_\_\_

Police Informed? Yes / No Police Log Number: \_\_\_\_\_

Parents Informed? Yes / No

Young Person's Social Worker: \_\_\_\_\_

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**Part 2 – Child Located Notification**

WHEN CHILD HAS BEEN LOCATED, PLEASE FAX WHOLE FORM (PARTS 1 AND 2 COMPLETED) TO EDT FAX: 0151 677 5372 AND SAFEGUARDING UNIT FAX: 0151 666 4443. (if you have no fax please telephone EDT 677 6557 or the child's social worker)

Date Located: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Located: \_\_\_\_\_ AM / PM

Returned by whom? (if known) \_\_\_\_\_

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Missing from Care  or Unauthorised Absence?  (Please tick)

Comments: \_\_\_\_\_

\_\_\_\_\_

For EDT use – Will have been missing for 48 hours at .....