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**ERASE RESEARCH FORM**

**NB: A SEPARATE RESEARCH FORM SHOULD BE COMPLETED FOR EACH CASE.**

**Research all information files and database using NAME(S), DOB(S) & ADDRESS (ES) of ALL individuals concerned. Please list all relevant information your agency has in relation to victim/perpetrator**

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| **ERASE AREA** |  |
| **DATE OF ERASE** |  |

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| **NAME & AGENCY** |  |
| **TELEPHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |

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| **Referring Agencies Concerns** |
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| **AGENCIES INVOLVED WITH THE VICTIM** |
| **NAME**  | **AGENCY** | **CONTACT DETAILS** |
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| **AGENCIES INVOLVED WITH THE PERPETRATOR** |
| **NAME** | **AGENCY** | **CONTACT DETAILS** |
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| **AGENCIES INVOLVED WITH THE LOCATION** |
| **NAME** | **AGENCY** | **CONTACT DETAILS** |
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| *Please insert any changes / other information (e.g. different name spelling / nicknames) below* |
| **Victim(s)** |  |
| **DOB(s)** |  |
| **AGE** |  |
| **ADDRESS(ES)** |  |
| **EDUCATION** |  |
| **GP / SURGERY** |  |
| **ANY DRUG / ALCOHOL / MENTAL HEALTH ISSUES/SELF HARM** | YES / NO (if YES please provide details) |
| **MIDWIFE / HEALTH VISITOR: (if applicable)** |  |
| **SUPPORT WORKER** |  |
| **YOUTH OFFENDING OFFICER** |  |
| **IS THE VICTIM AWARE OF CSE RISK** | YES / NO (delete appropriate)  |
| **DATE(S) OF LAST CONTACT i.e. home visits / meetings / phone calls.** |  |
| **PARENTS/GUARDIANS** |  |
| **FAMILY DETAILS (relevant)** |  |
| **SUPPORT NETWORKS** |  |
| **HOBBIES/CLUBS**  |  |
| **INTERNET USE i.e. social media sites** |  |
| **PREVIOUS MISSING FROM HOME** | YES / NO (if YES please provide details) |
| **CHILD ISVA** |  |
| **PID number** |  |
| **PREVIOUS CSE RISK i.e. risk, date & nature of concerns**  |  |
| **CSE WORKER (if applicable)** |  |
| **PREVIOUS CP PLAN** | YES / NO (if YES please provide details) |
| **ANY ORDERS IN PLACE** |  |

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| **Perpetrator(s)** |  |
| **DOB(s)** |  |
| **ADDRESS(ES)** |  |
| **FAMILY/RELATIONSHIP INFORMATION** |  |
| **HOUSING i.e. private/local authorities** |  |
| **GP / SURGERY** |  |
| **WORK** |  |
| **VEHICLES** |  |
| **SUPPORT WORKER** |  |
| **PROBATION OFFICER** |  |
| **DATE(S) LAST CONTACT i.e. home visits / meetings / phone calls** |  |
|  **HOBBIES** |  |
| **ANY PREVIOUS CONVICTIONS(highlight any risk to children status)** | YES / NO (if YES please provide details) |
| **ORDERS IN PLACE** | YES / NO (if YES please provide details) |
| **WARNING MARKERS** | YES / NO (if YES please provide details) |
| **PREVIOULSY KNOWN TO MAPPA** | YES / NO (if YES please provide details) |
| **DETAILS OF KNOWN ASSOCIATES**  |  |

**ANY OTHER INFORMATION:**