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| --- | --- |
| **For Police use only** | |
| Date Received |  |
| Police Ref |  |
| Previous Ref |  |
| Target Date |  |



**DURHAM CONSTABULARY**

**REQUEST FOR INFORMATION – CHILDREN’S SERVICES**

**RR**

Please send the following completed form to **the most appropriate** of the following **two** email addresses, **not both**.

Sending this form to the wrong department could lead to delays in processing

For **URGENT** and **IMMEDIATE** safeguarding issues

Send to the **CENTRAL REFERRAL UNIT** at:

[requestforchecks@durham.pnn.police.uk](mailto:requestforchecks@durham.pnn.police.uk)

* If this is an immediate check for the placement of children please mark in the subject heading URGENT and consider calling 0191 375 2211 to highlight your request
* Please be aware that this is **not** a Disclosure Unit, the checks should be for the IMMEDIATE safeguarding of children.

**OR**

For **NON-URGENT** safeguarding issues

* Court Applications / Court Processes / Court Updates / Non-Emergency Placement of Children / Non-Emergency Risk Assessments / Checks on Carers or Guardians which are NOT suitable for enhanced DBS disclosures.

Send to the **INFORMATION RIGHTS & DISCLOSURE UNIT** at:

[disclosure@durham.pnn.police.uk](mailto:disclosure@durham.pnn.police.uk)

* Please be aware that this department will try to reply within 10 working days. Contact 0191 375 2584 for advice or to notify the department if, and why, the information is required sooner.

Guidance Notes

* The Police cannot act on telephone calls. All requests for information should be submitted on this form by email.
* Requests for information should be made as soon as possible, providing a contact telephone number and a secure e-mail address. All results will be provided in the same way. NO results can be given over the telephone.
* We need to establish if this request is appropriate and proportionate and can only establish this if full details are given as to WHY you require this information.
* It is ESSENTIAL that all names are spelled correctly and that dates of birth and known addresses are provided.
* Information which we identify as already known to your department/team will not be resupplied.

**SECTION 1 – REQUESTOR DETAILS**

* I confirm that the particulars set out within this application have been verified and I am satisfied that they are accurate.
* I confirm that this check is **ineligible** for an enhanced Disclosure Barring Service (DBS) application and that a direct police check is the most appropriate route.
* I confirm that the applicant(s) have, where possible, provided their **consent** to the police checks being performed and the information being disclosed directly to the requesting authority.

|  |  |
| --- | --- |
| **Social Worker** |  |
| **Date** |  |
| **Requesting Authority** | Durham County Council |
| **Team Requiring Details** |  |
| **Requester’s contact telephone number** | 03000 |
| **Requester’s email address** |  |

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| **Have the subjects consented to these checks?** | **Yes** |

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| --- |
| **What statutory power is the request made under?** |
|  |

**THE INFORMATION TO BE PROVIDED TO YOU IS IN THE STRICTEST OF CONFIDENCE AND FOR THE PURPOSE FOR WHICH IT HAS BEEN REQUESTED. IT MUST NOT BE REVEALED TO THE APPLICANTS AND MUST NEVER BE SHOWN TO THE SUBJECT OR ANY OTHER PERSON NOT CONNECTED WITH YOUR DECISION MAKING PROCESS, WITHOUT THE WRITTEN CONSENT OF THE CHIEF CONSTABLE. THE INFORMATION MUST BE SECURELY HELD, USED ONLY FOR THE REQUIRED PURPOSE AND THEREAFTER DESTROYED.**

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| **Have any related applications been submitted in regard to this case, or do you anticipate further applications being made?**  If “YES” please provide full names and dates of birth of applicants. |  |

**SECTION 2 – REASON FOR CHECK**

Failure to provide sufficient detail may lead to the application being rejected.

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**SECTION 3 – DETAILS OF PERSON(S) TO BE CHECKED**

|  |  |  |
| --- | --- | --- |
| **TO BE FULLY COMPLETED IN ALL CASES** | | |
| **Details of relevant child(ren)** | | |
| **Name** | | **Date of Birth** |
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|  | |  |
|  | |  |
| **Details of relevant adults – (if more than 2 relevant adults please provide details on a separate sheet)** | | |
| **1. APPLICANT 1** | | |
| **First Name(s)** |  | |
| **Surname / Last Name** |  | |
| **Previous Name(s)** |  | |
| **Date of Birth** |  | |
| **Place Of Birth** |  | |
| **Relationship to Child** |  | |
| **Current Address** |  | |
| **Resident since** |  | |
| **Previous Address(s) -**  please include dates  (A 5 year address history should be provided) |  | |
| **2. APPLICANT 2** | | |
| **First Name(s)** |  | |
| **Surname / Last Name** |  | |
| **Previous Name(s)** |  | |
| **Date of Birth** |  | |
| **Place Of Birth** |  | |
| **Relationship to Child** |  | |
| **Current Address** |  | |
| **Resident since** |  | |
| **Previous Address(s) -**  please include dates  (A 5 year address history should be provided) |  | |
|  |  | |
| **Results of check:**  (Police Only) |  | |