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|  | **Modern Slavery and Human Trafficking Intelligence Form** |

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| **Please complete the details and email this form to:** **AEIU@derbyshire.police.uk**Please note the MSHTU email box / telephone number is only monitored during office hours**Hours: Monday – Friday: Office Hours****Telephone No: 0300 122 8057** | **National contacts:****MODERN SLAVERY HELPLINE:****08000 121 700****CRIMESTOPPERS:** **0800 555 111** |
| **Guidance on Completing the Modern Slavery and Human Trafficking** **Intelligence Form****Adults**This intelligence form offers a multi-agency system of sharing information with Derbyshire Police to aid in keeping potential victims of Modern Slavery and Human Trafficking safe.This form should be used to provide details of concerns about any **ADULT person(s)** who poses a risk to those vulnerable to exploitation or any location where person(s) are at risk. The form should be used primarily to share information about the person(s) or place(s) that poses a risk of modern slavery. The information can also include low level soft ‘whisperings’ and ‘gut feelings’, something that does not sit well with you or your co-workers but has nowhere else to go. If maybe that it is a lack of what is being said that raises your concerns or suspicions. **Please note this form is only to be used for intelligence that does not require an immediate response. If you believe someone to be in immediate danger, please ensure you dial the Police emergency number on 999.****DISCLAIMER - Please note, where appropriate, completion of this intelligence form does not replace your duty to complete an MS1 Form.****Children**If the information is regarding a child then please complete an Operation Liberty form, see the Derby and Derbyshire Safeguarding Children procedures, document library following the web link <https://derbyshirescbs.proceduresonline.com/docs_library.html> The completed Operation Liberty form should be sent to the Police Referral Unit at RiskandReferralUnit@Derbyshire.PNN.Police.UK**Please note, the Operation Liberty Form is not a referral form to Childrens Social Care**. If you believe there are serious / complex needs or child protection concerns, you must make a referral to Children’s Social Care as per Derby and Derbyshire Safeguarding Childrens procedures see <https://derbyshirescbs.proceduresonline.com/contents.html>. If the child is already known to Social Care you must also send a copy to their Social Worker or Multi Agency Team Worker. **For an explanation of the different forms of exploitation please visit:** <https://www.modernslaveryhelpline.org/about/spot-the-signs>  |
| **Details of person providing the intelligence:** |
| **Forename:** | **Surname:** |
|  |  |
| **Contact No / Email:** | **Job Title / Organisation:** |
|  |  |
| **Is this intelligence on behalf of a third party?** | **Yes** |  | **No** |  |
| *Witness Details (if known)* |
| **Would they be willing to engage with the Police?** | **Yes** |  | **No** |  |
| **What action, if any, has been taken by you at the time of completing this form?** |
| *Please provide details:* |
| **Signature:** | **Date:** |

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| **Details of suspected Modern Slavery:** |
| *In this section please provide a detailed description about specific events / incidents. Include as much detail as possible and, where known, provide names, descriptions, locations, vehicle, addresses and any apparent risks. Detail your concerns and what specifically has occurred in order to prompt this intelligence referral.***Details of suspected Modern Slavery continued…** |
| Alleged offender (s) | Name |  |
| DOB |  |
| Vehicle (s) |  |
| Place of Work |  |

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| **Details of potential victim concerned about:** |
| **Forename:** | **Surname:** |
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| **DOB / Place of Birth:** | **Gender:** |
|  |  |
| **Birthplace:** | **Nationality:** |
|  |  |
| **Languages spoken:** | **Next of kin**  |
|  |  |
| **Contact No / Email:** | **GP Details (if known)** |
|  |  |
| **Home address:** |
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| **Victim Welfare – *Where information is available, please complete the sections below*** |
| **Is the Potential Victim aware of this referral?** | *If yes, provide details where known* |
| **Have safeguarding referrals been made and shared with other agencies?** | *If yes, provide details where known* |
| **Does the potential victim have a person they can trust who they can turn to for support?** | *If yes, provide details where known* |
| **Where is the potential victim now?** | *If yes, provide details where known* |
| **Is the potential victim safe?** | *If yes, provide details where known* |
| **Do they have a safe contact number?** | *If yes, provide details where known* |
| **Does the victim have any care and support needs?** | *If yes, provide details where known* |
| **Is the potential victim known to a GP and on any medication?**  | *If yes, provide details where known* |
| **Is the potential victim dependant on any substances?****(e.g. drugs / alcohol** | *If yes, provide details where known* |
| **How long has the suspected exploitation been going on?** | *If yes, provide details where known* |
| **Are there any other vulnerable adults or children at this address?** | *If yes, provide details where known* |
| **Yes** |  | **No** |  |

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