**Solihull Exploitation Panel Multi Agency Referral Form**

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| **Name of child or adult** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **Name of referrer** | Click or tap here to enter text. |
| **Role of referrer** | Click or tap here to enter text. |
| **Organisation of referrer** | Choose an item. |
| Click or tap here to enter text. |
| **Referrer’s email address** | Click or tap here to enter text. |
| **Has the person consented to the referral?** | Yes [ ]  | No [ ]  |
| **Additional consent details including where consent has not been given, and what information can and can’t be shared** | Click or tap here to enter text. |
| **Date form completed** | Click or tap here to enter text. |
| **Reason for referral to ShEP***Include intended outcomes* | Click or tap here to enter text. |
| **Type of exploitation** | Choose an item. |
| **Detail of current concerns***What has happened? In what locations? Are there other people linked to this person that you have concerns about?* |
| Click or tap here to enter text. |
| **Exploiter’s name**  | Click or tap here to enter text. |
| **Information that might help identify exploiter***Include address, car details, other known locations and associates* | Click or tap here to enter text. |
| **What action has been taken to reduce risks so far?***E.g. MASE or safeguarding adult processes, police referral, structured partnership approach* |
| Click or tap here to enter text. |

**Email completed form to:** **sheptriage@solihull.gov.uk**

**To be completed by ShEP rep following triage meeting**

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| **Agreed to be placed on ShEP Agenda?** | Yes [ ]  | No [ ]  |
| **Feedback from ShEP triage** |
| Click or tap here to enter text. |
| **Name of triage chair** | Click or tap here to enter text. |
| **Contact details of triage chair** | Click or tap here to enter text. |