**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**](mailto:sheptriage@solihull.gov.uk)

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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. | | |