| Luton Logo | 2COLOURWORD | Bedfor Borough Council logo |
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**RESTRICTED/OFFICIAL**

Multi-agency information submission form

# Restricted/official when complete

This form is not a substitute for any safeguarding referral and should not be used as such. Safeguarding referrals continue to be submitted independently to the relevant safeguarding hub.

Consideration should also be given to an information form also being submitted, to the Police, in support of the referral.

“Thank you for your submission. By doing so you are helping to safeguard the vulnerable and assist in the fight against crime.”

**LSCB managers**

## 1. Information arena

Please tick all that apply.

Drugs  Gang  Crime  CSE  Missing  Vulnerability  Other 

## 2. Subject details

 **Name (**Subjects details or the location if known)**:**

**DOB:**

**Last known address:**

**Date of original event (**or when information was **first** known**):**

## 3. Information\*

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Please use this text box to provide the information that you wish to share in relation to the subject or the location.

\* Please **bold source any intel in red** if you feel there is risk to the source through the sharing of this information clearly state that it is ‘**sensitive**’ and needs to managed accordingly.

Include any names, actions, significant events, dates, vehicle details and phone or email details (if available)**.**

Rememberwho, what, where, when and why\*. Please state, at the beginning, in a few words or sentences:

* the reason for your submission
* briefly identifying the perceived risk or concern

This assists CIB and the MASH with their decision making around the information see guidelines if unsure.

## 4. Known associates

|  |
| --- |

Please use this text box to provide details of known associates. (These may be friends or persons of concern - Please include as much information as possible, names, DOB, addresses, or any identifying factors, phone details, vehicle details, nicknames etc)

## 5. Original source of information

This includes who and/or where the information has come from in the first place. Please state whether it is yourself, the subject themselves, another source or third party.

**Name:**

**\*Organisation, department and role:**

For example: CBC / Priory School / Safeguarding Lead

**Address:**

**Contact details:**

**Risk to source:**

Please note: the protection of the source of Information is a priority to the Police and the MASH\*

## 6. Details of submitting partner or agency worker (If different to above):

**Name:**

**\*Organisation, department and role:**

For example: CBC / Priory School / Safeguarding Lead

**Tel:**

**Email:**

**Date of submission:**

## 7. Submit form

**Send to:** cibintel@bedfordshire.pnn.police.uk

**For CIB direct:** contact 01234 842777

Send also to your own local authority MASH or Integrated Front Door:

* Central Beds: AccessReferral@centralbedfordshire.gov.uk
* Bedford Borough: infosubmission@bedford.gov.uk
* Luton: MASH@luton.gov.uk

## 8. For multi-agency internal use only

Person ID: Date forwarded to hub:

Episode ID: Date passed to Police CIB:

## 9. For Bedfordshire Police CIB use only

Uploaded to Intelligence System - Y/N CIRR Reference -

Bedfordshire Police will treat all information received in compliance with the Management of Police **Information legislation (MOPI)**
The source will be secure and not available to staff except for limited, dedicated roles. The information must be for a policing purpose for it to be recorded.

Not all information recorded will have a specific outcome generated and may be retained only to assist future research. We reserve the right to share this information with third parties subject to the rules governing such sharing within MOPI.