

Tameside Multi-agency Concerns Form

Child Sexual Exploitation

Name of person making the referral.....

Name of Organisation.....

Contact number and E-Mail address.....

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Child/Young Person's name

Age and date of birth

Ethnicity.....

Gender.....

Address.....

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Legal status.....

School/College.....

Parent/Care.....

Social Worker.....

GP Details.....

Are any of the below factors known or believed to be evident?

- | | | | |
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| • Regular missing from home | yes | no | n/k |
| • Any history as victim of sexual abuse? | yes | no | n/k |
| • Any history as perpetrator of sexual abuse? | Yes | no | n/k |
| • Missing overnight | yes | no | n/k |
| • Use of alcohol/illicit drugs | yes | no | n/k |
| • Low self esteem | yes | no | n/k |
| • Poor or non-school attendance | yes | no | n/k |
| • History of self harm | yes | no | n/k |
| • Eating disorder | yes | no | n/k |
| • Association with older persons | yes | no | n/k |
| • Secrecy around mobile phone and internet use | yes | no | n/k |
| • Family has history of abuse i.e. domestic, alcohol et | yes | no | n/k |
| • Unaccounted for money and/or gifts | yes | no | n/k |

