**OPERATION SANCTUARY**

**PART A**

Referrer’s details:

|  |  |
| --- | --- |
| Name: |  |
| Job title/Organisation: |  |
| Secure Email/Telephone Number: |  |
| Relationship to the child/young person/adult: |  |

About the child/young person/adult:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child/young person/adult: | DoB: | Gender:  | Address: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PART B**

**REFERRAL FOR SANCTUARY SOUTH**

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| --- |
| What is the cause for concern in relation to sexual exploitation? |
| Please provide as much detail as possible and who provided etc.How did you become aware of this? What is the source of your information?Who else was present when the information was shared?Is there any assessed risk to the source?Is the source or child/young person or adult aware this referral has been made?Is there any information in relation to themes, patterns or hotspots? |

**Please send to the Central Referral Unit:** **cru@northumbria.pnn.police.uk**

**PART C**

**SANCTUARY UPDATE ONLY (To be completed by Team Sanctuary).**

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| --- | --- | --- |
| **DATE**  | **INFORMATION**  | **ANY ACTIONS** |
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