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|  | DISCLOSURE STAGE -**MINIMUM STANDARDS OF INFORMATION****(Form to be retained by the Police)** |

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| **Ref:** |  |
| Please check ‘X’ appropriate boxes. | **Case Ref:** |  |

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| **Section 1 – Details of person receiving the disclosure information**  |
| Surname: |       | Forename(s): |       |
| Date of birth: |        |
| Address: |       | Postcode: |       |
| Is the recipient of the disclosure the person who applied to the scheme? | Yes: [ ]  | No: [ ]  |

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| **Section 2 – Details of subject of disclosure information** |
| Surname: |       | Forename(s): |       |
| Date of birth: |       | Address: |       |

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| **Section 3 – Details of disclosure meeting** |
| Time: |       | Date: |       | Location: |       |
| Persons present: |       |

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| **Section 4 – Undertaking by the person receiving the disclosure information** |
| **Information for the completing officer/staff:**The following information should be read as it appears below (verbatim) to the individual receiving the disclosure information. If the individual does NOT agree to this undertaking, you should consider carefully whether disclosure should proceed at this point. **The decision to continue / to not continue must be considered prior to the actual visit and should be included in the risk assessment / decision making stage.** Also, provide the individual with further contact details that can be accessed 24/7 in case there are further child protection concerns.**Information to be read to the applicant by the completing officer/staff:**Prior to receiving any disclosure information, you must clearly understand how you can use the information that is disclosed to you.**You can:*** use this information to keep yourself and others safe;
* use the information to keep your child(ren) safe;
* ask what support is available;
* ask who you should contact if you think you or others are at risk;
* ask for advice on how to keep yourself and others safe.

**You cannot:*** **Share the information disclosed to you with any other person.** If you feel the need to share the information with another person, **you must contact the person or department who disclosed this information to you and seek their permission to do so.**

Failure by you to keep this information confidential may result in legal proceedings being instigated against you, depending on the circumstances.You will be asked to sign an undertaking to agree to abide by the above and keep the information disclosed to you confidential. If you do not agree to sign this undertaking, it may result in you not receiving disclosure information.**UNDERTAKING***I understand the section above about how I can use the information disclosed to me in this meeting. I understand that the information is confidential and that legal proceedings against me may result if I breach this confidentiality. I agree to abide by these conditions in relation to the information that will be disclosed to me in this meeting.* |

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| Signature: |       |  |  |
| Time: |       | Date: |       |

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| **Section 5 – Details of disclosure of information (MUST NOT BE LEFT WITH THE RECIPIENT IN ANY FORMAT)** |

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| **Section 6 – Declaration** |
| *I have received and fully understood the information that has been shared with me today. I understand the warnings I have been given about the confidentiality of this information.* |
| Signature: |       |
| Time: |       | Date: |       |

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| **Section 7 – Empowerment and citizen-focused closure** |
| An appropriate follow-on plan should be agreed for the person receiving the disclosure. This should give consideration to what action the person should now be advised to take to safeguard their child(ren). This should be explained to the person and the possible consequences of failure to follow this advice should be made clear. |
| **Keeping children safe from abuse information (Annex F) issued or directed to website?** | Yes: | [ ]  | No: | [ ]  |
| The plan should note which agency is responsible for checking that the person follows advice to safeguard the child(ren) concerned; this may be the police, Children’s Social Care or another appropriate agency/charity (e.g. Women’s Aid, Stop It Now). |
| **Summary of follow-on plan** |
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| **Officer making the disclosure** |
| Name: |       | Time: |       | Date: |       |

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| **Additional information** |

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