**Derbyshire Police – Adult Exploitation Investigation Unit Referral Form**

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| **Please complete the details below and email this form to: AEIU@derbyshire.police.uk*****Please note the AEIU email box/phone number is only monitored during the stated hours*** | **Derbyshire Police** **Adult Exploitation Investigation Unit :****Hours: Monday – Friday, 08:00 – 16:00****Ext No: 0300 122 8057** |
| *Please note this form is only to be used for* ***non-urgent*** *referrals that* ***do not*** *require an immediate response.****If you believe someone to be in immediate danger please ensure you dial the police emergency number on 999.*** |

**Guidance on Completing the Modern Slavery & Human Trafficking Referral Form**

This referral form offers a multi-agency system of sharing information with Derbyshire Police to aid in keeping potential victims of Modern Slavery & Human Trafficking safe.

This form should be used to provide details of concerns about any person/s who pose a risk to those vulnerable to exploitation or any location where person/s are at risk. This form can also be used to include information where something just doesn’t quite sit well with you. It may be that it is a lack of what is being said that raises your concerns or suspicions.

**If the information is regarding a child then a referral must also be made to Children’s Social Care.**

*For an explanation of the different forms of exploitation please visit:*[***https://www.modernslaveryhelpline.org/about/spot-the-signs***](https://www.modernslaveryhelpline.org/about/spot-the-signs)

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| **Details of person making the referral:** |
| **Forename:** | **Surname:** |
|  |  |
| **Contact No/Email:** | **Job Title/Organisation:** |
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| **Are you making this referral on behalf of a third party?** | **Yes** |  | **No** |  |  |
| *Witness Details (if known):* |
| **Would they be willing to engage with the police?** | **Yes** |  | **No**  |  |  |
| **What action, if any, has been taken by you at the time of making this referral?** |
| *Please provide details:* |
| **Signature:** | **Date:** |

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| **Details of potential victim concerned about:** |
| **Forename:** | **Surname:** |
|  |  |
| **DOB/Place of Birth:** | **Gender:** |
|  |  |
| **Birthplace:** | **Nationality:** |
|  |  |
| **Languages spoken:** | **School/Employment:** |
|  |  |
| **Contact No/Email:** | **Next of kin/Parents details:** |
|  |  |
| **Home address:** | **GP Details:** |
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| **Details of suspected Modern Slavery** |
| *In this section please provide a detailed description about specific events/incidents. Include as much detail as possible and, where known, provide names, descriptions, locations, vehicles, addresses and any apparent risks.**Detail your concerns and what specifically has occurred in order to prompt this referral/intelligence:* |
| ***Alleged offender/s:*** | ***Name*** |  |
| ***DOB*** |  |
| ***Address*** |  |
| ***Vehicle/s*** |  |
| ***Place of Work*** |  |

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| **Victim Welfare** |
| **Is the Potential Victim aware of this referral?** |  |
| **Have the concerns raised been shared with other agencies?** | *If yes, provide details where known* |
| **Does the potential victim have a person they can trust who they can turn to for support?** | *If yes, provide details where known* |
| **Where is the potential victim now?** | *If yes, provide details where known* |
| **Is the potential victim safe?** | *If yes, provide details where known* |
| **Do you they have a safe contact number?** | *If yes, please provide*  |
| **Is the victim on any medication?** | *If yes, provide details where known* |
| **Is the victim dependant on any substances?*****(eg: drugs/alcohol)*** | *If yes, provide details where known* |
| **How long has the suspected exploitation been going on?** |  |
| **Are there any other suspected victims?** | *If yes, please complete a separate referral form* |
| **Yes** |  | **No** |  |