

## TERRITORY FAMILIES REPORT TO NT POLICE – MISSING AND WELFARE CONCERN REPORT

This form is to be utilised to report a Missing Child in Care / Absent with Concern for Welfare to NT Police. The completed form should be emailed to [Police.Assistance@pfes.nt.gov.au](mailto:Police.Assistance@pfes.nt.gov.au) and to Territory Families.

In the event of an emergency do not hesitate to seek police assistance on 000.

CHILD'S DETAILS:			
Name:		Date of Birth:	
Alias:			
Placement Address:		Placement Contact Details (including after hours):	
Territory Families Case Manager:		Case Manager's Contact Details:	
Location where child is to be returned:			

CHILD'S IDENTIFYING FEATURES:				
Recent colour photograph of child missing from care obtained and attached				<input type="checkbox"/> Yes <input type="checkbox"/> No
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Ethnicity	
Build	<input type="checkbox"/> Heavy/Solid	<input type="checkbox"/> Medium	<input type="checkbox"/> Thin/Skinny	<input type="checkbox"/> Other
Hair Colour	<input type="checkbox"/> Black	<input type="checkbox"/> Dark Brown	<input type="checkbox"/> Light Brown	<input type="checkbox"/> Blonde <input type="checkbox"/> Other
Eye Colour	<input type="checkbox"/> Brown	<input type="checkbox"/> Blue	<input type="checkbox"/> Green	<input type="checkbox"/> Other
Complexion	<input type="checkbox"/> Dark	<input type="checkbox"/> Medium	<input type="checkbox"/> Fair	<input type="checkbox"/> Other
Distinguishing features:				

INFORMATION RELATING TO THE CHILD'S CIRCUMSTANCES:	
Describe the circumstances of the disappearance (include time, date and place where the child was last seen)	
Describe reason for disappearance, if known (e.g. recent event/family situation):	
Describe the clothing/personal items worn or items missing:	
Places child is likely to frequent (List all addresses/locations known):	
Include the inquiries the child's Carer and Case Manager has conducted to locate the child (where applicable):	
List people (relatives, friends or associates) that are likely to assist in locating the child who is missing from care? List the person, their relationship and contact details. (For children who have an Absent from Placement Action Plan consider the child's safety list):	

Were there any notes/letters left by the child missing from care?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes then describe the content and location found (scan or photograph a copy of the letter and attach where possible)	
Does the child have cash or access to money or other finances?	No <input type="checkbox"/> Yes <input type="checkbox"/>		If yes, how much:
List Bank Name(s) if/where the child has account. Provide branch and Account Numbers if available:			
Does the child have a mobile phone?	No <input type="checkbox"/> Yes <input type="checkbox"/>	List mobile number if known:	
		List mobile provider if known:	
Does the child have access to social networking sites (e.g. Facebook, MSN, Twitter)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, then provide details such as user name:	
Does the child have access to transport?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, please detail:	
Does the child have any medical conditions?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, please detail:	
Does the child require medication?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, please detail:	
Does the child have medication with them?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, please detail:	
Are there consequences if medication is not taken?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, then describe:	
Is the child regularly attending school?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, list school and Year:	
Does the child receive Centrelink or are they employed part-time?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, provide employer, address and telephone number	
Is the child subject to any bail, conditions, YJ court directions or a curfew?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, please detail:	

**NORTHERN TERRITORY (NT) POLICE RISK ASSESSMENT GUIDE:** Please answer as many of the questions below as possible. Providing this information assists to NT Police in undertaking their risk assessment and investigation.

Under 13 years (automatically high risk)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical disability or difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cognitive disability or difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental health issues including mental illness, depression, anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life threatening illness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical condition or requires medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has communication issues or difficulty interacting with others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Misuse of drugs, alcohol or other substances	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous episodes of child missing from care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concerns relating to Self-Harm (including child's history of self-harm)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concerns relating to attempted suicide (including child's history of attempted suicide)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current behaviour is out of character	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family or relationship issues/breakdown	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child is experiencing difficulties in the placement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child does not want to live in the current placement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child is experiencing difficulties at school	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child is being bullied or suffering harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child has previously suffered harm whilst absent from care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibits sexualised behaviours	<input type="checkbox"/> Yes <input type="checkbox"/> No
At risk of forced marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a victim or perpetrator of domestic violence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is at risk of abduction or being prevented from returning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Past involvement in offending	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child' behaviour is likely to be a risk to the community	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access to firearms/weapons	<input type="checkbox"/> Yes <input type="checkbox"/> No
Significant life event (suicide/death in family/job loss/bullying)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Event (Natural disaster/at sea/plane crash etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental factors (hot/cold/wet/terrain etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any of the above, please explain:	
Please indicate any other risk factors:	

<b>REPORTER'S DETAILS:</b>	
Name of Person making report to NT Police:	
Contact Details:	
Relationship to Missing Child:	
Is the person making this report the last person to see the Missing Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, the name of the last person to see the missing child was:	
Contact Details:	
Relationship to Missing Child:	