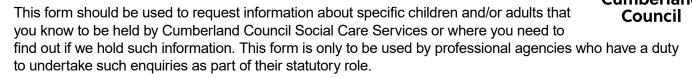
Cumbria Safeguarding Children Partnership



Request for Information

1. About this Form



If you need any advice on whether to complete this form or in completing the form, please contact the Cumberland Council Safeguarding Hub on the professional non urgent line.

If you are worried about an immediate risk of significant harm to a child, it is essential that you share your concerns with us by telephone on 0333 240 1727 and follow this up by completing the referral form within 24 hours.

If a child is in imminent danger, please contact the Police immediately on 999.

2. About Your Request Your Name: Your Role/Job Title: Your Agency: What is the best way for us to contact you? Date you completed this form: Why is the information being requested? Do you have consent in place from the subject/s to whom this request relates? Yes No

If you do have consent in place, please ensure you submit a copy of this consent along with this request form.

If you don't have consent in place, why not, what is the basis on which you are asking us to share it without consent?

3. About the	Child/ren an	d/or Adul	ts this req	uest relates to			
If you do not	know an exa	ct date of b	oirth for a c	own information. hild please estima explain that, e.g. 'fa		age instead.	/ ** If this
First Name	Surname	Date of Birth *	Gender	Address	Language	School or Early Years Setting	Relationship within the family**
		1					

You will receive a reply within 5 working days.

Please describe in as much detail as you can what information you require to help us understand what you need to know about and if relevant, what time period you think this relates to.