

CSE Referral From

Name of Referrer	Agency
Role	Email/ telephone number
Date of assessment	Date of referral to SPA

Child

Forename	Surname
Alias	
Address 1: Family	Address 2 (if different from address 1)
Gender	Sexual orientation
D.O.B	Language spoken
Ethnicity	Religion
Disability/LD/SEN	Gang affiliated
Lead Practitioner	Social worker
Education status/school/college	Case status

Offender/Suspect/Person of Concern

Forename	Surname
Alias	
Address 1: Family	Address 2 (if different from address 1)

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Gender	Sexual orientation
D.O.B	Language spoken
Ethnicity	Religion
Disability/LD/SEN	Gang affiliated
Lead Practitioner	Social worker
GP	Other professional involved
Education Status/school College	Case status
Offending history	YOS /Police involvement

Relationship of Person of Interest to victim e.g. boyfriend, pimp, associate

Locations of Interest

Victim address
Offender Address

Additional locations of interest (e.g. Youth Clubs, Parks, Taxi Ranks, Food outlets)

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Details of current CSE Concerns (Use SAFEGUARD mnemonic –see guidance)

Referred to CSE vulnerability & emerging themes consultation?

Yes

No

If yes details of outcome of discussion:

Strategy Meeting?

Yes

No

Summary & actions from Strategy Meeting

Referral to MASE?

Yes

No

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If yes MASE Referral Information Form below to be completed by lead professional  
Pre-MASE meeting? (See guidance & CSE referral flow chart)

Yes

No

If yes summary and actions from PRE MASE meeting

## MASE Referral Information (to be completed by lead professional)

Missing Episodes <i>Pattern of missing details-          dates, times , whereabouts          located</i>	Missing or Absent From School <i>Dates</i>	A & E attendance <i>Hospital name, attendance          dates and information</i>
Cross Border Issues <i>List local authorities and any          concerns</i>	Substance Use <i>Summarise usage and          substance type</i>	Risky Internet Use <i>Website and platform used</i>
Trafficking <i>Summarise concerns and          whether NRM has been          completed</i>	Sexual Health Concerns <i>Summarise known or          suspected concerns &amp;          engagement with health          services</i>	County Lines <i>Locations and times</i>
Radicalisation <i>Summarise concerns and          referrals to Prevent</i>	Sibling or Familial CSE Link <i>Identify if family members are          linked to exploitative network          and how</i>	Sexually Harmful Behaviour <i>Summarise concerns          / incidents</i>
CAWN	Police Flag	Additional Intelligence <i>e.g. Vehicle          Registration/Oyster card          details</i>
Police category 1	Police category 2	Police category 3