



## HERBERT PROTOCOL INFORMATION FORM

This information is intended to assist carers, care workers, partner agencies and the police if the person it refers to goes missing.

**Please fill in these sections and keep it in a safe place. If possible please complete the electronic version of the form which is available to download from [www.north-wales.police.uk/herbertprotocol](http://www.north-wales.police.uk/herbertprotocol)**

The form contains a lot of questions - do not worry if you don't have, or cannot get, all of the information it asks for - some of it won't apply to everyone. There are sections intended for professional carers. Please don't worry if you do not understand what they mean.

Please save the form - either in electronic format or handwritten - in a place where it can easily be found if the person it refers to goes missing. It may need to be located quickly, at any time of the day, by the person who may need the information to begin the initial searches. It would be helpful if you make several copies which can be kept safe by care workers, neighbours or relatives. It should be kept up-to-date and be transferred with the person if they move.

When complete, the form will contain personal information and must be stored appropriately to protect the person's privacy. However, if the person goes missing, sharing the information with professionals, including the police, in order to protect and safeguard the person will become proportionate, necessary and justified.

**The police will only ever ask for the form if the person is reported missing.**

Thank you for taking the time to complete it. It could help to save someone's life.

Add photo of missing person here

<b>PERSONAL DETAILS</b>	
Full Name:	
Preferred Name:	
Previous Names:	
Current Address and Postcode:	
Live Alone: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Mobile Number:	
D.O.B and Age:	Ethnicity:
Recent Photo: YES <input type="checkbox"/> NO <input type="checkbox"/>	
General Description and Distinguishing Features - Height / Weight / Hair / Scars / Tattoos / Limp / Glasses etc:	
GPS Tracking: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Does the person consent to the use of GPS tracking: YES <input type="checkbox"/> NO <input type="checkbox"/>	

<b>NEXT OF KIN</b>	
Full Name:	
Current Address and Postcode:	
Mobile Number:	Landline Number:
Additional Numbers:	
Email:	
Any other relevant Family / Friends details:	

<b>GPs CONTACT DETAILS</b>	
Dr Name:	
Surgery Address and Postcode:	
Surgery Number:	Out of Hours Number:
Email:	

**MEDICAL INFORMATION** (please include where deprivation of liberty, guardianship or section 117 of the mental health act, discharge are applicable)

Current diagnosis:

Current medication (list medication and for what condition/illness it's prescribed):

Medical conditions:

Risks if medication not taken:

Any particular phobias:

How easily can the person walk:

If walking how far can they get before becoming tired:

Do they use a stick or walking aid: YES  NO  Which hand: Left  Right

Can they move between furniture without help: YES  NO

How might they react to being upset or scared:

If they don't have their medicine are there any short term risks:

What are the consequences of not taking their prescribed medication over time:

Are there any behaviours that may result in conflict or challenges placing the person or others at risk:

<b>TRAVEL</b>
Do they have a car or have access to a car: YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please give details of the car:
Are they able to drive: YES <input type="checkbox"/> NO <input type="checkbox"/> Have they driven previously: YES <input type="checkbox"/> NO <input type="checkbox"/>
Mobility Scooter / Bicycle:
Do they have a bus pass: YES <input type="checkbox"/> NO <input type="checkbox"/>
Nearest bus stop:
Where does the bus go:
Nearest train station:
What access to money do they have:
Does anyone provide transport for them - Friends / Neighbours. Name, contact details and car registration:

<b>JOBS, INTERESTS AND HOBBIES</b>
Where did / do they work:
What did / do they do:
Most recent and historic job:
Favourite - Café / Shops / Pubs / Social Clubs / Sports Ground / Allotment etc:
Favourite Outdoor Activities - Bowling / Fishing etc:
Any Particular or Special Interests - Social Group / Library etc:

<b>PLACES THEY MIGHT GO</b>
Previous Addresses - Childhood / Family:
Places of Significance - Old School / Favourite Walk / Cemetery etc:
Previous Employment Addresses:

**WEEKLY HABITS**

GP / Nurse / Clinic / Social Group / Chemist etc:

Place of Worship - Church / Mosque / Synagogue etc:

Houses / Friends they visit NOW and PAST:

**ROUTINE - WHAT HAPPENS REGULARLY - Visits / Walks / Shopping / Hair Appointments etc**

Mon:	Morning:	Afternoon:	Evening:
Tues:	Morning:	Afternoon:	Evening:
Wed:	Morning:	Afternoon:	Evening:
Thurs:	Morning:	Afternoon:	Evening:
Fri:	Morning:	Afternoon:	Evening:
Sat:	Morning:	Afternoon:	Evening:
Sun:	Morning:	Afternoon:	Evening:

**PREVIOUSLY FOUND, PLACES AND CIRCUMSTANCES****ANY OTHER RELEVANT INFORMATION**

<b>CARE HOME DETAILS</b>	
Manager:	
Address and Postcode:	
Specialist:	
Contact Number:	
Email:	

<b>ANY OTHER KEY CONTACTS</b>

<b>PERSON COMPLETING FORM</b>	
Name:	
Position / Relationship:	
Address and Postcode:	
Mobile Number:	Landline Number:
Date Completed:	

<b>POLICE CONTACTS</b>		
When a vulnerable person is missing always call 999		
The non-emergency number for all police forces is 101		
When missing - inform the call handler you have the <b>Herbert Protocol</b> and have all the details required.		
<b>MEDIA RELEASE</b>		
Do you have capacity to consent to a media release: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you consent to a media release: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Name: .....	Signature: .....	Date: .....

## WHAT THE POLICE WILL ASK

- Missing Persons Name
- Missing Persons Gender
- Missing Persons Age
- Missing Persons DOB
- Missing Persons Home Address
- Description of Missing Person and Description of Clothing
  - Shirt:
  - Trousers:
  - Outerwear:
  - Gloves:
  - Scarf:
  - Footwear:
  - Jewelery:
- Location missing from
- Circumstances of going missing
- Details of any vehicle or other transport used
- Does the missing person have access to or have any money?
- Does the missing person have a phone?  
If so what is the number?
- What concerns does the reporting person have about the missing persons disappearance
- Location of where the missing person might be
- Information about any person who might have contact with the missing person (people found with in previous incidents, eg, estranged parents, partner)
- Name, address and telephone number of person reporting. (If in care also request out-of-hours contact details)

## ASSIST DURING THE INITIAL ASSESSMENT

- Why are you worried about the missing person?
- What has been done so far to trace this individual?
- Is this out of character?
- Have they been missing before? If yes, what happened whilst they were missing?
- Are there any specific medical needs (physical or mental health) and do they take and medication (frequency of taking and effects of not taking it)?
- Are they likely to become the victim of crime?
- Are they likely to be hurt or harmed?
- Are they currently at risk of sexual exploitation?
- Are they likely to self-harm or attempt suicide?
- Do they pose a danger to other people?
- Are they likely to have travelled abroad?
- Is there any other information relevant to their absence?
- Is the missing person vulnerable due to age, infirmity or any other factor?
- Are there inclement weather conditions that would seriously increase risk to health especially where the missing person is elderly?
- Has the person been involved in a violent, homophobic or confrontation immediately prior to disappearance or recently been subject of bullying?