

DOMESTIC VIOLENCE DISCLOSURE SCHEME
RIGHT TO ASK – MEMBER OF THE PUBLIC APPLICATION FORM
RIGHT TO KNOW – POLICE/PARTNER AGENCY APPLICATION FORM

Part A - Initial Information

Reference Number to be added by MASH

Officer/Staff completing:	Date
CAD Number	Means of contact: Telephone

SECTION 1 - DETAILS OF PERSON AT RISK

Surname:	Forename(s):
Any other names:	
DOB:	Place of Birth:
Address:	Ethnic Origin: White Asian <input type="checkbox"/> Black <input type="checkbox"/>
	Chinese <input type="checkbox"/> Mixed <input type="checkbox"/> Other <input type="checkbox"/>
Postcode:	If other, please specify below:
Proof of ID <input type="checkbox"/> Photo ID/Driving Licence/Passport Please insert document ref no.....	
Gender: female	Preferred Language: English Other, specify:
Preferred method of Safe Mobile contact:	Day & Time:
Contact number/address provided:	

SECTION 2 - DETAILS OF SUBJECT (POTENTIAL ABUSER)

Surname:	Forename(s):
Any other names:	
DOB:	Place of Birth:
Address:	Ethnic Origin: White <input type="checkbox"/> Asian <input type="checkbox"/> Black
	<input type="checkbox"/> Chinese <input type="checkbox"/> Mixed <input type="checkbox"/> Other <input type="checkbox"/>
Postcode:	If other, please specify below:
Gender:	Employer/

<p>How did you hear about the Disclosure Scheme?</p> <p>Media Coverage Radio Advert <input type="checkbox"/> Press Advert <input type="checkbox"/> Poster <input type="checkbox"/> Leaflet <input type="checkbox"/> Word of Mouth <input type="checkbox"/></p> <p>Other</p> <p>If other, please specify:</p>
SECTION 6 – RELATIONSHIP
Nature of relationship between subject and person at risk
How would you describe the relationship?
Length of relationship
SECTION 7 - ELEMENTS OF RISK
Does the subject know you are making this enquiry?
Are you concerned about the subject knowing that you are making this enquiry? (please give details where appropriate)
Does the person at risk know you are making this enquiry? (if relevant)
Comments / Concerns

INFORMATION TO BE READ TO THE APPLICANT BY THE COMPLETING OFFICER/STAFF:

The information obtained in these forms does not replace existing arrangements regarding Disclosure

and Barring Service (DBS) checks, Subject Access or Freedom of Information requests, or the new Vetting and Barring process managed by the Independent Safeguarding Authority.

Relevant checks should be completed by the police using the information given in this form within 7 days. The results of these checks will be used to assess whether immediate action is needed to safeguard children from harm. You are advised that credible proof of identity will be required (preferably photo ID such as a passport or driving licence). We will also check your reason for making this application. From this, the necessary checks and risk assessments **MUST** be completed before any disclosure can be made. Other than in exceptional circumstances, applications for disclosure should be completed within 35 days of initial contact.

Do you consider yourself to be at risk from the subject of this enquiry? Yes No

(If 'yes', follow the appropriate action to address any concerns and identified risks regarding domestic violence, personal safety and child safeguarding.)

SECTION 8 - CONSENT

The sharing of all the information with relevant authorities, for example Probation and Health Services may be necessary for the specific purposes of the disclosure scheme and safeguarding.

I consent to the sharing of information for this purpose. I understand that where information I have given indicates that a child may be at risk, the police are entitled to share this information regardless of consent.

I understand that if I have wilfully given false or malicious information to the police to try and obtain information about another person, I may be liable to criminal proceedings. (please tick)

I understand that, should I receive a subsequent disclosure regarding the person I have enquired about, this will be solely for the purpose of keeping myself and/or my child(ren) safe. I understand that I must not share this information with any other person. If I breach this confidentiality I understand that I may be liable to legal proceedings depending upon the circumstances. (please tick)

With regard to the above warning, I agree that, should I receive a disclosure, I will abide by an undertaking to keep this information confidential. (please tick)

Signature of Applicant

Signature of officer.....

PLEASE ENSURE THAT THE APPLICANT IS GIVEN THE CAD NUMBER SHOULD THEY WISH TO ENQUIRE ABOUT THE PROGRESS OF THEIR APPLICATION IN THE FUTURE.

SECTION 9 – CHECKLIST

DVDS Form Completed DASHH/S-DASH Questions (Unless 3 rd party reporting) C39d for all children CIS Complete/Updated E-mail to MASH Supervisor – MASHSupervisor@norfolk.pnn.police.uk	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Supervisor Officer/Staff completing review of risk	

Date

Part B - MASH Safeguarding Checks

PLEASE DO NOT PRINT COMPLETED CHECKS BELOW

SECTION 10 - INITIAL CHECKS SUBJECT (POTENTIAL ABUSER)	
SYSTEM: PNC	Completed: Yes <input type="checkbox"/> No <input type="checkbox"/>
RESULT/DETAILS: NOT KNOWN – NO TRACE ON PNC <input type="checkbox"/> CRO No. _____ PNC ID _____ Known for domestic violence (please give details) <input type="checkbox"/>	
Not known for domestic violence, but known for other offences (please give details) <input type="checkbox"/>	
PLEASE NOTE – IF PNC REVEALS A ViSOR WARNING MARKER PLEASE COMPLETE A FULL ViSOR CHECK BELOW.	
SYSTEM: CIS / CRCIS / Old DV database	Completed: Yes <input type="checkbox"/> No <input type="checkbox"/>
RESULT/DETAILS: NOT KNOWN – NO TRACE <input type="checkbox"/> Nominal No. _____ Information held: (please give details) _____	
SYSTEM: ViSOR	Completed: Yes <input type="checkbox"/> No <input type="checkbox"/>
(CHECK TO BE COMPLETED IF PNC REVEALS A ViSOR WARNING MARKER ONLY)	
RESULT/DETAILS: <input type="checkbox"/> If shown as nominal - status on PNC: VS (Current) <input type="checkbox"/> VA (Archived) <input type="checkbox"/> Risk Level Managed at: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High <input type="checkbox"/>	
Please notify the Subjects Public Protection Officer (PPO) of this application. Completed <input type="checkbox"/> <i>PPO details can be found on the subjects ViSOR record under 'View Manger' (left-hand side of the nominal front screen)</i> Any other information on ViSOR pertinent to risk: (please give details) _____	

SYSTEM: CATS	Completed: Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>RESULT/DETAILS: NOT KNOWN – NO TRACE <input type="checkbox"/></p> <p>Nominal No.</p> <p>Information held: (please give details)</p>	

SECTION 10 – MASH Supervisor	
<p>Is there an immediate or imminent risk of harm? (Complete section 11 to inform this risk decision)</p> <p>Yes <input type="checkbox"/></p> <p>Immediate action to be taken to ensure the person at risk is protected. Follow normal Safeguarding procedures and record action taken below:</p> <p>No <input type="checkbox"/></p> <p>Provide relevant details around the decision:</p>	
Requested	
MASH Safeguarding Checks	<input type="checkbox"/>
MASH Multi Agency Checks	<input type="checkbox"/>
DVDS Spreadsheet Completion	<input type="checkbox"/>
Disclosure Making Forum Meeting	<input type="checkbox"/>
MASH Supervisor Officer/Staff completing review of risk	
Date	