

British Transport Police Referral Form

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| Name & Alias | DOB/Age | **Photograph Attached** | Home address and placement address |
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| Why are you referring this person to BTP | Concerns for exploitation and missing episode. |
| Brief Background as to concerns | . |
| Social Worker who needs to be contacted if further information required |  |
| Known Warning Markers  (drugs, weapons, violence, mental health etc) |  |
| Why do you think he/she are exposed to Criminal Exploitation or CSE |  |
| What Train station is she/He using and where travelling to |  |
| Person submitting File |  |
| Contact Number |  |
| **SEND FORM TO:** | [**iain.blake@btp.police.uk**](mailto:iain.blake@btp.police.uk) |