 



**Herbert Protocol - Missing Person Information Form**

**If you are concerned about the whereabouts of your friend/relative, then you MUST call the police on 999.**

Someone who has cognitive difficulties or mental ill health may be at risk of going missing. The Herbert Protocol document provides information about a person that can help others to build a better understanding of who the person is and help to locate them quickly should they go missing. Recording this information ahead of time and keeping it regularly updated will greatly reduce stress associated with trying to recall detailed information in an emergency situation.

There may be important pieces of information that you are able to provide the police in the event that the person you are caring for has gone missing. Try and have several copies of recent, close-up photographs of the person, this may help the police when searching for them.

Please fill in as much as you can and **keep it in a safe place** where it can easily be located if the person it refers to goes missing. You may want to make several copies which can be kept safe by neighbours or relatives.

This form is designed to be completed by a friend/family member/neighbour/care worker or other appropriate person working with the vulnerable person.

*If the form is completed by an agency representative of the person, that agency will become the data controller and will have to consider on a case-by-case basis whether the information is passed on to a friend/family member/neighbour. Please contact your own legal team for further advice.*

**\*\* This section is to be completed PRIOR TO the individual being reported missing\*\***

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| **Part 1 – to be completed when an individual has been identified as at risk of going missing** |
| **Full name (of person at risk):** | \*\*Attach a recent photo here – please find one that is up to date and a good likeness\*\**It may help if you have an electronic photo so it can be emailed to the police who will send it to those involved in the search.* |
| **Preferred name/nickname:** |
| **Date of Birth**  |  | **Age:** |  |
| **Ethnicity:** |
| **First spoken language:** |
| **Current address:** |
| **Living here since:** |
| **Mobile telephone number** |  |
| **Does the person have a GPS tracker device such as specialist watch, pendant or app on their phone?****Do they have personal details on them such as a Guardian Angel device?** | Please include details here: |
| **Carer/Spouse/ Next of Kin – Name, Contact Telephone & Email:** |  |
| **Gender:** |  | **Build:** |  |
| **Height:** |  | **Weight:** |  |
| **Hair colour:** |  | **Eye colour:** |  |
| **Distinguishing features (e.g. facial hair, marks, scars, tattoos etc):** |  |
| **Part 2 – Previous Addresses (Inc. approx. dates)** |
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| **Part 3 – Background, Family & Friends (Inc. names and addresses if known)** |
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| **Part 4 – Current and past interests including employment, places of interest and places visited (Inc. approx. dates)** |
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| **Part 5 – Personal History of individual has been identified as at risk of going missing** |
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| **Part 6 – Further Information** |
| **Habits** *(e.g. drink, drugs, biting nails, collecting items)* |
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| **Particular item of clothing always worn** *(e.g. coat / jacket / footwear)* |
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| **Does the individual have access to money / funds? Yes / No** |
| *If YES, banking institute used and approx. amount:* |
| **Public Transport used frequently** *(e.g. number 54 bus to Castle Meadow from bus stop outside the corner shop)* |
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| **Favourite places/routines/hobbies if not already mentioned previously.** |
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| **Part 7 – Vulnerability Factors** |
| **Hearing and eyesight (Condition):** |  |
| **Mobility Needs (e.g. walking stick, scooter) and how far are they likely to go before tiring?** |  |
| **Other physical & mental health issues:** |  |
| **Medication (include frequency and symptoms if medication is missed) and any allergies:**  |  |
| **GP details and address:** |  |
| **Best method of communicating?** |  |
| **Things that may cause worry or upset (for example scared of dogs, scared of being touched etc):** |  |
| **If previously missing, where were they located?** |  |

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| **Part 8 – Routine / Visits / Activities & Groups / Shopping** |
|  | **MORNING** | **AFTERNOON** | **EVENING** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |

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| **Please use this space to record any other relevant information about the individual:** |

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| **Full name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact telephone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Relationship to the individual**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*I agree that the information in this leaflet may be shared with emergency services and health and social care professionals for safeguarding purposes.***Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |

**Remember, if you are concerned about the whereabouts of a friend/relative who has cognitive difficulties of mental ill health then you MUST call the police on 999 at the earliest opportunity. It is quite normal to worry about dialling 999. Some people are concerned that they will be criticised for calling the police, but if you are worried about a person's safety then this will not happen. Please let the police control room know that you have a Herbert Protocol when you report them missing.**

**\*\* This section is to be completed AT THE TIME the individual is reported missing \*\***

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| **Description** |
| **Outerwear (e.g. coat / jacket)** |  |
| **Headwear** |  |
| **Scarf** |  |
| **Gloves** |  |
| **Footwear** |  |
| **Jewellery (e.g. watch, rings)** |  |
| **Were they carrying anything (e.g. bag / umbrella)** |  |
| **Pet (Inc. name / type / breed & colour)** |  |
| **Do they have a mode of transport, car, bike etc?** |  |
| **Do they have any funds with them, cash, card, phone?**  |  |
| **Do they have identification with them? Any specialist digital care such as a guardian angel or tracker? If they have a tracker has it been charged? Are they likely to take it off?** |  |

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| **When was the person last seen? (date & time)** |  |
| **Where was the individual last seen?** |  |
| **Name of individual who last saw the person** | **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact telephone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **When did the individual last medicate?** |  |
| **When is medication next due?** |  |
| **Other risk factors** (please tick this that apply)**Suicidal Depressed Confused Anxious Violent Alcohol Other** (please describe)**Any other information relating to the individuals current physical or mental health:** |
| **Are you happy to approve a media release?**  |  |