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| West Yorkshire Police Headquarters PO Box 9 Wakefield WF1 3QP | Phone 01924 293956  Fax: 01924 293999  [cib@westyorkshire.pnn.police.uk](mailto:cib@westyorkshire.pnn.police.uk) | C:\Users\721769\Pictures\wyp_logo.png |

**Female Genital Mutilation - Mandatory Reporting to Police. Pro-Forma for Use by Health, Teaching and Social Care Professionals.**

(Compliance with Section 5B of the Female Genital Mutilation Act 2003, as inserted by Section 74 of the Serious Crime Act 2015).

This pro-forma should be used by regulated professionals to comply with the requirements of the above legislation in order to report to West Yorkshire Police details of children who they discover to have been subject to female genital mutilation. When completed it should be e mailed to: [cib@westyorkshire.pnn.police.uk](mailto:cib@westyorkshire.pnn.police.uk)

Referring professionals will receive a return e mail quoting the police incident and crime report reference numbers.

\*For internal use only: Storm no. Niche no

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| --- | --- | --- |
| **Section 1 – About You** | | |
| Referrer’s Name |  |  |
| Organisation |  |  |
| Address |  |  |
| Postcode |  |  |
| Contact Telephone Number |  |  |
| E-mail Address |  |  |
| Role |  |  |
| Preferred Means of contact |  |  |
| **Section 2 – About the Child and family** | | |
| Name of Child |  |  |
| Date of birth |  |  |
| Gender |  |  |
| Address |  |  |
| Postcode |  |  |
| School (if applicable/ known) |  |  |
| GP and surgery (if known) |  |  |
| Occupation (if applicable) |  |  |
| Parent/ Carer details |  |  |
| Address if different to child’s |  |  |
| Contact Telephone Number/s |  |  |
| E-mail Address |  |  |
| Ethnic Origin |  |  |
| Nationality |  |  |
| Details of other children in the family (name/ Dob/ addresses if different to above) |  |  |
| Parent/ carer preferred means of contact. |  |  |
| Please tell us if the child or the parent/ carers need an interpreter or other support when we contact them (and if so what language/ type of assistance) |  |  |
| **Section 3 – FGM Report** | | |
| Where did it occur? |  |  |
| When did it occur? |  |  |
| Please provide circumstances regarding the discovery |  |  |
| Please provide details of any action already taken and which other services or agencies are currently engaged with the child (e.g. social services). Please include names / contact details of any key workers if known. |  |  |

Please submit your completed form to [cib@westyorkshire.pnn.police.uk](mailto:cib@westyorkshire.pnn.police.uk)