**ANNEX C – Protection of Children: Request for Disclosure of Material.**

Staffordshire, Warwickshire, West Midlands and West Mercia police forces, and CPS West Midlands must use this form when requesting disclosure of information by Walsall Metropolitan Borough Council relating to alleged current or historical physical or sexual abuse against a young person 17 (seventeen) years or under at the time of the alleged incident. Send completed form to [informationrights@walsall.gov.uk](mailto:informationrights@walsall.gov.uk)

Note: Other forces & agencies not party to the local Area Protocol must make a section 29 or WA170 information disclosure request.

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| 1. **The Police are conducting a criminal investigation into allegations made against the following individuals:**   **\*\*\* PLEASE NOTE – This section (1) must only be completed if you require us to make a search for information about the individual(s) against whom allegations have been made \*\*\*** | | | | | | | | |
| **Name(s)** |  | | |  | |  |  | |
| **Address** |  | | |  | |  |  | |
| **Date of Birth** |  | | |  | |  |  | |
| 1. **What offence is being investigated:**   Please do not give detailed information about the allegations or investigation. Give minimal information only e.g. allegation of rape/sexual abuse/physical abuse. | | | | | | | | |
|  | | | | | | | | |
| 1. **Details of the child/children involved in the allegations:** | | | | | | | | |
| **Name(s)** | | |  |  | |  | |  |
| **Address** | | |  |  | |  | |  |
| **Date of Birth** | | |  |  | |  | |  |
| **Victim or Witness** | | |  |  | |  | |  |
| **Social worker**  **(if known)** | | |  |  | |  | |  |
| **School(s) attended**  **\*Please provide dates** | | |  |  | |  | |  |
| 1. **We believe that Walsall Metropolitan Borough Council may hold the following material relating to the alleged offender(s) or the above child/children which may be relevant to my investigation**   Please be specific in describing the information you require. In the case of a CPS whole file request, then please ensure you state this in your request. | | | | | | | | |
|  | | | | | | | | |
| 1. **For this investigation, it is important that arrangements are made for us to examine the material by:**   [Insert Date]  **Name and contact details for the CPS Prosecutor:**  [Insert name & details] | | | | | | | | |
| 1. **By signing this form below, I understand that any information obtained by us will be treated as sensitive and dealt with in accordance with Criminal Procedure and Investigations Act 1996.** 2. **In accordance with the Area Protocol re exchange of information in child abuse cases, we would ask that arrangements are made for us to examine the above material. Any material relating to Family Court Proceedings must not be made available except with the consent of the Court or in accordance with Family Procedure Rules 2010.** | | | | | | | | |
| **Signed:** | |  | | | | | | |
| **Print name:** | |  | | | **Station:** | | | |
| **Tel No:** | |  | | | **Email address:** | | | |