



**Kent
Police**



**Kent Fire &
Rescue Service**

NCA
National Crime Agency



At Risk of Going Missing Person Details & Life History Form

Please complete this form now, so that the information it contains can be quickly passed on to police, should, the person that you are caring for, have to be reported as missing. If they are an adult, please seek their permission before completing the form, however, if, for health reasons, this is not possible, their carer or family member should make a “best interests” decision.

At the beginning, and during a search, you will be asked to provide information to help police, and search and rescue teams, determine where and how to look. The information contained in this form may contribute enormously to the success of the search, so please complete the form now and keep a copy of it in a safe but accessible place, so that you can quickly give it to the police or search and rescue team. Although the form has several pages, it has been divided into 3 sections and should be completed as follows:

SECTION 1 Key Information (pages 2 to 4) should be completed as soon as possible after you receive this form. It provides the initial information that can be used by the Police or Search and Rescue teams at the outset of the search. Please also attach a current photo or photos. Don't worry if some of the questions don't seem relevant to the person you are completing the form for, just answer the questions as best you can.

SECTION 2 Additional Details (pages 5 to 8) can be completed over time. This section adds valuable additional information on the person you care for.

SECTION 3 Reporting a Person Missing (pages 9 to 11) should **ONLY** be completed when you have reported the person as missing. This section gives the Police and Search and Rescue teams the up-to-date information about how they are dressed and what they might have with them.

If you want to complete this form using your personal computer, tablet device or laptop, you will find a copy of the form on the internet within the Community pages of the Kent Search and Rescue website www.ksar.co.uk/community. When you have entered information on the form, you will be able to print a copy and save it onto your computer, laptop etc. Do this each time that you add information to the form. If you are unable to fit everything that you want to record into one of the answer boxes, there is space for additional information on Page 8 and Page 11.

Personal Data: Kent Police takes its data protection responsibilities seriously. If you would like information about what Kent Police does with personal data, please go to the website www.kent.police.uk. If you would like to contact someone regarding personal data please email your enquiry to data.protection@kentpnn.police.uk.

Kent Search and Rescue (KSAR) is registered with the Information Commissioner's Office under licence ZA266492. KSAR complies with the Data Protection Act 2018. For further information please see the KSAR website at www.ksar.co.uk.

At Risk of Going Missing

Person Details & Life History Form

SECTION 1

Background Information			
First and Middle Name(s):	Surname and Previous Name:	Known as, Nickname, Preferred Name:	
Current Address:		Resident Since:	Mobile Phone Number:
Languages spoken fluently (list most used one first):			

Physical Description			
Date of Birth/Age:	Sex:	Race / Ethnic Identity:	Complexion:
Height:	Weight:	Build:	Hair Cut / Colour:
Scars / Tattoos /Other Distinctive Features (include surgical scars):	Eye Colour / Glasses (type logos etc):		Facial Hair / Colour:

Medical History		
Medical Conditions and Allergies:		
Physical and Mental Health Conditions: Include ALL		
Communication Problems:		
Vital Medications:	Dosage and Frequency:	Symptoms if Dosage is Missed:
Other Medications:	Dosage and Frequency:	Symptoms if Dosage is Missed:
GP's Name:	GP's Address:	GP's Phone Number:

ADDITIONAL MEDICAL INFORMATION FOR SEARCHERS (PLEASE COMPLETE AS FULLY AS POSSIBLE)
 FOR EXAMPLE: Important information such as, if volatile without medication, If/when might they be violent? If a child and/or on the autistic spectrum, will they respond (at all or slowly) if spoken to, how will they behave and respond if hurt and in pain; also, how are they likely to respond to first aid treatment? Will they avoid or resist physical contact?

Continue in the box on Page 4 if need be.

Life History

Favourite Place(s) to Spend Time (and how they get there):		
Typical Modes of Travel used:	Favourite / Likely Destination(s) / Public Transport Routes:	
Do they own (or have access to) a car? If "YES" please provide make/model/colour/Reg.No.	Oyster Card/Freedom Pass/Buss Pass No.	
Favourite TV Programmes /Character's.	Do they usually carry a bag or rucksack?	
Favourite Footpath / Track:	Family / Friends Living Nearby:	Places They Like to Visit:
Current Home Address (also state if this is care or respite accommodation):		How long here?:
Previous Address 1:		Approximate Dates:
Previous Address 2:		Approximate Dates:
Childhood Address 1 (if different):		Approximate Dates:
Childhood Address 2 (if different):		Approximate Dates:
Most recent Work, Name and Address:		Approximate Dates:
Previous Work, Name and Address:		Approximate Dates:

Locating Information

<p>Does the person have/wear Telecare or safe return products such as a GPS locator/ tracker device, smartphone app or similar device? If so state the make model, provider and contact details: include consent to share information please.</p>

Contact Information (Carer / Family)

Your Name:	Relationship to Person:
Your Address:	Home Phone Number:
Mobile Phone Number:	Alternate Family Contacts:
Are you next of kin? YES NO	If no, NOK details:

Photograph

Please obtain two recent photographs that could be released to Kent Police. You may be asked to give consent for media release at the time you make a missing report. One photograph should be a facial photograph while the second should show the full body. If the person has favourite shoes which have soles of distinctive pattern, you should also photograph these, as well.

Date of Photo:

Changes since photo taken:

Note: For children or adults on the autistic spectrum you might also want to keep, readily available, photos of familiar items or people, that you think might help police or the search team to keep the found person calm.

Additional Information

FOR EXAMPLE (things like): Frequented locations (include places of worship, parks, friends etc.), places where the person has been found before, whether they may evade or hide from searchers (especially if likely to hide in very small spaces, or favour dark and/or quiet places), distinctive walk, use of a walking aid, accent, if scared of dogs, particular things that may worry or upset them; will they respond to their name, if called? If a child and/or on the autistic spectrum, what have they been told about interacting with strangers? Things or places that may fascinate or attract them (especially if water).

Favourite Clothing or Belongings

Item	Style, Description and Contents:	Colour

At Risk of Going Missing

Person Details & Life History Form

SECTION 2

Previously Missing, inc. unreported					
Number of times previously missing:		How often? e.g. weekly, monthly		For how long, on average?	

Please describe each incident where the person has previously gone missing, even if not reported to the Police. Please continue on additional paper if required. If possible, mark the location where the person was found on a map.

	Incident 1	Incident 2	Incident 3
Date and DAY/TIME:			
Where was the person when last seen?			
What was the person doing when last seen?			
Any events that might have caused the person to go missing?			
What actions did you take?			
Where was the person found?			
How was the person found?			
Any medical problems that resulted from being lost?			
What was the approximate distance from the place they were last seen (before being reported missing) to the place where they were found?			

Hobbies

Please list favourite hobbies and/or clubs/organisations involved with (and if away from home where these take place), also any significant volunteer/charity work, beginning with the most recent: Include any respite clubs or places visited like a petting zoo or places that may have made a significant impact on the person.

Occupation (current and previous)

Where applicable, please list any current and previous jobs/occupations (include addresses), beginning with the current one or most recent. Give an indication of the dates/year(s) where known.

Normal Travel Patterns

Please answer the following questions in regards to the last 6 months

	Yes	No	If yes, please describe
Does he/she talk about a person or place that is out of town?			
Does he/she talk about a person who is no longer alive?			
Does he/she talk about visiting a person or place that is out of town?			
Has he/she attempted to visit a person or place out of town without supervision?			
Can he/she drive a car safely?			
Can he/she find keys and start a car?			
Does he/she desire to drive a car?			
Does he/she travel independently using public or private transportation?			
Has he/she attempted to travel independently on public or private transportation?			
Does he/she walk or travel a considerable distance from home and return unaided?			
Does he/she get lost or confused easily at home/living quarters			
Does he/she get lost or confused easily in an unfamiliar setting?			
Can he/she swim?			
Have he/she undergone any water safety /swimming lessons			

Walking Habits

Distance typically walked each day (during the past week.).	miles	kms
Greatest distance walked during the past three months.	miles	kms
Greatest distance walked during the past ten years.	miles	kms
Number of walks during the past week.	miles	kms
Estimate the greatest distance you believe he/she could walk.	miles	kms

Please rate the person's ability to walk (tick the box below that best describes the person)				
Confined to bed, unable to walk. <input type="checkbox"/>	Requires walker or cane to walk small distances. <input type="checkbox"/>	Walks unassisted for short distances but shuffles or limps. <input type="checkbox"/>	Walks with assistance. <input type="checkbox"/>	Walks effortlessly. <input type="checkbox"/>
Please list any physical limitations to walking:				

Please describe their daily and weekly routine

Dementia Questions	
Dementia Diagnosis (Alzheimer's, Vascular, Parkinson's, etc.)	
Neurologist/Gerontologist: Address and contact details	
MMSE Score (obtain from Physician) and date	
Tick the box below that best describes the person	
Mild confusion and forgetfulness, short term memory affected. <input type="checkbox"/>	Difficulty distinguishing time, place, and person. Some language difficulties. <input type="checkbox"/>
Nearly complete loss of judgment, reasoning, and loss of some physical control. <input type="checkbox"/>	

Complete the following questions on the basis of the last two weeks. Tick yes if the activity is performed even once and add a comment. e.g. once, rarely, sometimes.			
	Yes	No	Comment
Does he/she experience personality or emotional changes?			
Does he/she experience delusions?			
Does he/she experience paranoia?			
Does he/she experience hallucinations?			
Does he/she recognise familiar faces?			

	Yes	No	Comment
Has he/she experienced an emotional meltdown?			
Has he/she shown violence towards others?			
Is he/she registered with the Alzheimer's Society			
Does he/she respond to their name?			
Does he/she know where they are when at home?			
Does he/she recognise the local neighbourhood?			
Does he/she recognise familiar faces?			
Will he/she answer to their name being called?			
Is he/she able to conduct a conversation?			
Does he/she have the ability to tell time and differentiate between day and night?			
Would he/she approach a stranger for help?			
Can he/she choose appropriate clothing? (with regard to the occasion, neatness, the weather, and colour combination)			
Can he/she dress himself/herself in the appropriate order? (undergarments, trousers/dress, shoes)			
Can he/she decide that he/she needs to eat?			
Can he/she attempt to telephone someone at a suitable time?			
Can he/she find and dial a telephone number correctly?			
Can he/she carry out an appropriate telephone conversation?			
Can he/she decide to use a mode of transportation (car, bus, taxi)?			
Can he/she adequately organize an outing? (with respect to transportation, keys, destination, weather, necessary money, shopping list)			
Can he/she go out and reach a familiar destination without getting lost?			
Can he/she go out and reach a non-familiar destination without getting lost?			
Can he/she adequately handle his/her money? (make change, use bank card).			
Can he/she decide to take his/her medications at the correct time?			
Can he/she take his/her medications as prescribed? (according to the right dosage)			
Can he/she stay safely at home by himself/herself?			

Please use this space to provide additional information.

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SECTION 3

FILL IN THIS SECTION ONLY IF THE PERSON GOES MISSING

If you cannot establish the whereabouts of the person and you are concerned for their immediate safety, please report them missing by calling 999.

If you do not have immediate concerns for their safety but they are vulnerable and you cannot establish their whereabouts, please report the matter to the Police by calling 101.

Please tell the Police why the person is vulnerable and give the following details:

When and where they were last seen, and by whom –

The direction of travel (if known) -

The means of travel (inc. vehicle make/model/registration, if applicable) -

What you have done to locate or to contact them -

FILL IN THIS SECTION ONLY IF THE PERSON GOES MISSING

Clothing Worn When Last Seen

You might consider keeping an inventory of the person's clothing and footwear on a separate sheet of paper.

Item	Style and Description and Contents (including logos)	Colour
Headwear		
Upper Body Clothing		
Jumper / Cardigan		
Lower Body Clothing		
Coat / Jacket		
Footwear		
Underwear		
Others		

Belongings

Item	Owns:	Description and Contents:	Located by the informant:
Glasses	Yes		Yes <input type="checkbox"/> No <input type="checkbox"/>
Hearing Aid	Yes		Yes <input type="checkbox"/> No <input type="checkbox"/>
Watch	Yes		Yes <input type="checkbox"/> No <input type="checkbox"/>
Jewellery	Yes		Yes <input type="checkbox"/> No <input type="checkbox"/>
Wallet / Purse	Yes		Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile Phone	Yes		Yes <input type="checkbox"/> No <input type="checkbox"/>
Safe Return Product e.g. Telecare / GPS device	Yes		Yes <input type="checkbox"/> No <input type="checkbox"/>
Travel Card / Pass	Yes		Yes <input type="checkbox"/> No <input type="checkbox"/>
Passport	Yes		Yes <input type="checkbox"/> No <input type="checkbox"/>
Others			
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

FILL IN THIS SECTION ONLY IF THE PERSON GOES MISSING

Please use this space to provide additional information (include any relevant information about medication left behind, or in their possession/when last taken, last known food or drink consumed, and anything that may have happened, or something that they may be worried about, and which may be relevant).

CONSENT TO SHARING OF INFORMATION

**Name of Missing Person:
Name of Person Consenting:
Relationship to the Missing
Person: Contact Details:**

I consent to the information recorded within this form being shared between Kent Police, Kent Search and Rescue (KSAR) and any other agency which may be involved in assisting to locate the above named person in the course of a missing episode. This is not consent to a media appeal which will be sought separately by Police.

I wish the following restrictions to apply to the sharing of this information:

Signature:

Date: