

## **LINCOLNSHIRE HERBERT PROTOCOL**

### **If you are worried about an adult at risk of going out and forgetting their way home**

This information is intended to assist Family, Friends, care workers, Telecare providers, responders and the police if the person goes missing.

Please fill in these sections and keep it in a safe place. If possible please complete the electronic version of the form which is available to download from:

[www.lincs.police.uk/missing-persons](http://www.lincs.police.uk/missing-persons)

**The form contains a lot of questions – do not worry if you don't have, or cannot get, all of the information it asks for - some of it won't apply to everyone. There are sections intended for professional carers. Please don't worry if you do not understand what they mean.**

**Please save the form – either in electronic format or handwritten - in a place where it can easily be found if the person it refers to goes missing.**

It may need to be located quickly, at any time of the day, by the person who may need the information to begin the initial searches. If you have a message in a bottle that you keep in the fridge with emergency information it could be placed in that.

**We also suggest that if the person has a Telecare (lifeline) system a copy is shared with the Monitoring centre, so they can email the details including a photograph to the Police or Wellbeing responders if they have requested their service.**

It would be helpful if you make several copies which can be kept safe by care workers, neighbours or relatives. It should be kept up to date and be transferred with the person if they move.

When complete, the form will contain personal information and must be stored appropriately to protect the person's privacy. However, if the person goes missing, sharing the information with professionals, including the police, in order to protect and safeguard the person will become proportionate, necessary and justified.

The police will only ever ask for the form if the person is reported missing.  
Thank you for taking the time to complete it. It could help to save someone's life.

Full name of vulnerable person:
Preferred name/nickname:
Current address including postcode:
Telephone:
Mobile:
<b><i>If this is a care home or if there is an on call team supporting the person who should be contacted?</i></b>
Care provider name:
Telephone numbers:

Please attach a recent photo here.

Please find one that is a good likeness of the person.

It is also helpful if you have an electronic photo stored with the Telecare monitoring centre (if telecare is in place) so it can be emailed to the police in the event of the person going missing.

Press the pendant and ask for an email address if you want to email a photograph for their records.

Ethnicity and first language:	
Date of birth:	Age:
Any communication needs?, eg hearing, speech, language	
Description of the person to help in any search: <i>(eg, height, build.)</i>	
If they drive or may have access to a car please give details: <i>(eg reg, make and model, plus owners details)</i>	
Do they usually use a bus or train and where is the nearest stop to their home?	

## NEXT OF KIN

Next of Kin Name:

Mobile Number:

Landline  
Number:

Contact Address:

Email

***If the person has the following in place please provide their contact details:***

A Lasting Power of Attorney for Personal Welfare

Court Appointed Deputy with a Court Order for Personal Welfare:

## GPs CONTACT DETAILS

Doctor's Name:

Telephone:

Out of Hours:

Surgery Address:

Email

**Other close family or friends name and telephone number and address.  
(Add as many as you are able.)**

1.

2.

3.

4.

5.

**Medical information (please include where Deprivation of Liberty, guardianship or section 117 of the Mental Health Act, discharge are applicable)**

Any diagnosis or investigation regarding poor memory?

Medication prescribed on a regular basis and time required:

Any other Medical conditions?

What are the risks if medication is not taken?

**Tell us a little about the person that will help any search**

Have they been missing before? Where did they go? How long were they missing and how were they found? Approximate dates

Are there any favourite places where this person liked to go?

**MOBILITY**

- How easily can the person walk?
- If walking, how far can they get before becoming tired?
- Do they use a stick or other walking aid?
- Can they move between furniture without help?

**MENTAL HEALTH**

- Do they have any fears or phobias, eg water or heights?
- How might they react to being upset or scared?
- Are there any behaviours that may result in conflict or challenges placing the missing person/others at risk?



**PLACES OR ADDRESSES OF NOTE/WHERE MAY THEY GO TO**

Previous home address?

Childhood address(s)?

Family address(s)?

Work place(s)?

Places of interest or significance – for example, old school, a favourite walk or place to visit, a cemetery, former place of work or childhood home, shop, library, pub or café

**ROUTINES**

**Daily/weekly/weekend  
with times**

**Venue with address and phone number if known**



**PERSON COMPLETING FORM**

Name:

Role or Relationship:

Address:

Landline:

Mobile:

Date: