



Herbert Protocol

Information Regarding the Herbert Protocol Form

The Herbert Protocol form should be completed by the individual(s) who know(s) the person named on the form best, who has the consent of the person concerned or power of attorney to do so.

The Herbert Protocol has been designed to allow you to complete the form in your own time or with the support of care professionals and should be updated as necessary on a regular basis, so that the information is as current as possible. A recent photo should also be kept with the form.

Why should I consider providing this information?

The information provided by you will assist Police enquiries in the event that the person concerned goes missing, so that they can be traced safe and well, as quickly as possible.

It is not a medical document, but will provide relevant information about the person at the time that the document is completed. We understand how stressful it can be answering questions from the Police when a relative or someone you care for has been reported missing so it covers the questions an officer would be required to ask if a person with dementia was reported missing.

Often people with dementia who go missing are found heading towards places which have a particular significance to them and it is important that any such places are highlighted on the form.

Don't worry if you can't complete the whole form; the more information you can provide, the better.

What will happen with this information?

You should be aware that information from this form will be recorded and assessed by officers on police systems in relation to enquiries carried out to trace the person concerned. The form will only be used for this enquiry and can be handed back to you thereafter or destroyed, whichever you prefer. Any photographs will be returned.

However, it is also important to highlight that sometimes, we must by law, share information with statutory agencies and we will share information in relation to this incident with those agencies who have support, welfare or health responsibilities such as:

- Local Authority Health and Social Care, which includes Social Work Services;
- NHS Scotland; and
- Scottish Fire and Rescue Service (SFRS).

Officers will seek your views on this after we have traced the person who you have reported missing.

How does this comply with data protection law?

The information you provide will be processed on the basis of our public task and of substantial public interest in safeguarding, in accordance with the General Data Protection and the Data Protection Act 2018. More information on how we handle personal data for these purposes is given in our Risk and Concern Privacy Notice, available on our website.



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The Herbert Protocol is an information gathering tool to assist the Police to find a person living with dementia who has gone missing, as quickly as possible. **If you are concerned about a person living with dementia and believe they are missing, this is an emergency and you must dial '999'.**

This form is designed to be completed by a family member / friend / neighbour / carer, with copies of the form being held by all relevant people. It is a good idea to fill this form in after diagnosis so you are prepared. Keep it as up-to-date as possible. If you have answered 'Yes' to any of the questions, please give details.

Photographs

Ideally provide facial close up and a full length picture.

Please cross this box if you consent to having this picture / these pictures put on social media in the event of the person going missing.

Picture 1

Picture 2

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OFFICIAL SENSITIVE: POLICE ONLY

Personal Details			
Full Name			
Known as / Preferred Name			
Current Address			
Current Telephone Number			
Date of Birth and Age			
Race / Ethnicity			
Is English their first language? (if no, confirm language spoken)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

General Description			
Height and Weight, Build			
Hair Colour			
Wig / Hair Piece?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Wears Glasses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Facial Hair?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any Other Identifying Features (e.g. tattoos, scars, etc.)			

Medical Information			
Has a dementia diagnosis or has memory problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any known risks? (e.g. aggression, suicidal, depressed, alcohol)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any mental health issues? (e.g. anxiety, depression)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other health issues? (e.g. diabetes, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Takes medication? (if yes, please specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are they at any risks without it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there a visual, hearing, communication or speech impairment? (if yes, please specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any mobility issues? (e.g. uses a stick, falls, breathlessness)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

OFFICIAL SENSITIVE: POLICE ONLY

GP Contact Details	
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Personal Circumstances

Lives alone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Lives with others? (if yes, please state who)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name of Next of Kin / Carer			
Previous Addresses (indicate if childhood address)	1.		
	2.		
	3.		
Name and Place of Schools Attended			
Most Significant Job			
Phone	Uses a mobile phone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Mobile Phone Number		
	Network Provider		

Any phobias that may affect them?	
How might they react if worried / frightened?	
Anything that might relax or calm them if they are distressed?	

Access to money?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Carrying cash?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Bank Card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Which bank and branch are visited?			

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Places of Work (please include addresses)	1.	
	2.	
	3.	

Favourite Places	1.	
	2.	
	3.	

Hobbies (e.g. fishing, parks visited, etc)	1.	
	2.	
	3.	

Regular Patterns / Places Visited (e.g. appointments, chemists, shops, pub, church, clubs, etc)	
Regular or Favourite Holiday Spots	

Travel Patterns, Past and Present			
Buses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What routes and bus numbers?			
Have they got a bus pass?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Trains?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What stations and routes?			
Access to a vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Car / Motor Bike / Mobility Scooter?			
Vehicle Registration and Description			

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Contact Details of Family / Friend / Carer / Support Worker

Name	Relationship (e.g. wife, son, carer, etc.)	Contact Telephone No.

Additional Useful Information

Include when and where last seen, a description of clothing or any other information you feel may be relevant to assist Police