

PREVENT REFERRAL FORM

REFERRAL PROCESS

By sending this form you consent for it to arrive with both your dedicated Local Authority safeguarding team & Prevent policing team for a joint assessment. Wherever possible we aim to give you feedback on your referral, please be aware, however, that this is not always possible due to data-protection & other case sensitivities.

Once you have completed this form, please email it to: fimucentral@ctpne.police.uk

If you have any questions whilst filling in the form, please call: **01274 474783**

INDIVIDUAL'S BIOGRAPHICAL & CONTACT DETAILS

Forename(s):	First Name(s)
Surname:	Last Name
Date of Birth (DD/MM/YYYY):	D.O.B.
Approx. Age (if DoB unknown):	Please Enter
Gender:	Please Describe
Known Address(es):	Identify which address is the Individual's current residence
Nationality / Citizenship:	Stated nationality / citizenship documentation (if any)
Immigration / Asylum Status:	Immigration status? Refugee status? Asylum claimant? Please describe.
Primary Language:	Does the Individual speak / understand English? What is the Individual's first language?
Contact Number(s):	Telephone Number(s)
Email Address(es):	Email Address(es)
Any Other Family Details:	Family makeup? Who lives with the Individual? Anything relevant.

DESCRIBE CONCERNS

In as much detail as possible, please describe the specific concern(s) relevant to Prevent.

Please Describe

FOR EXAMPLE:

- How / why did the Individual come to your organisation's notice in this instance?
- Does it involve a specific event? What happened? Is it a combination of factors? Describe them.
- Has the Individual discussed personal travel plans to a warzone or countries with similar concerns? Where? When? How?
- Does the Individual have contact with groups or individuals that cause you concern? Who? Why are they concerning? How frequent is this contact?
- Is there something about the Individual's mobile phone, internet or social media use that is worrying to you? What exactly? How do you have access to this information?
- Has the Individual expressed a desire to cause physical harm, or threatened anyone with violence? Who? When? Can you remember what was said / expressed exactly?
- Has the Individual shown a concerning interest in hate crimes, or extremists, or terrorism? Consider *any* extremist ideology, group or cause, as well as support for "school-shooters" or public-massacres, or murders of public figures.
- Please describe any other concerns you may have that are not mentioned here.

COMPLEX NEEDS

Is there anything in the Individual's life that you think might be affecting their wellbeing or that might be making them vulnerable in any sense?

Please Describe

FOR EXAMPLE:

- Victim of crime, abuse or bullying.
- Work, financial or housing problems.
- Citizenship, asylum or immigration issues.
- Personal problems, emotional difficulties, relationship problems, family issues, ongoing court proceedings.
- On probation; any erratic, violent, self-destructive or risky behaviours, or alcohol / drug misuse or dependency.
- Expressed feelings of injustice or grievance involving any racial, religious or political issue, or even conspiracy theories.
- Educational issues, developmental or behavioural difficulties, mental ill health (see **Safeguarding Considerations** below).
- Please describe any other need or potential vulnerability you think may be present but which is not mentioned here.

OTHER INFORMATION

Please provide any further information you think may be relevant, e.g. social media details, military service number, other agencies or professionals working with the Individual, etc..

Please Describe

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PERSON WHO FIRST IDENTIFIED THE CONCERNS	
Do they wish to remain anonymous?	Yes / No
Forename:	Referrers First Name(s)
Surname:	Referrers Last Name
Professional Role & Organisation:	Referrers Role / Organisation
Relationship to Individual:	Referrers Relationship To The Individual
Contact Telephone Number:	Referrers Telephone Number
Email Address:	Referrers Email Address
PERSON MAKING THIS REFERRAL (if different from above)	
Forename:	Contact First Name(s)
Surname:	Contact Last Name
Professional Role & Organisation:	Contact Role & Organisation
Relationship to Individual:	Contact Relationship to the Individual
Contact Telephone Number:	Contact Telephone Number
Email Address:	Contact Email Address
REFERRER'S ORGANISATIONAL PREVENT CONTACT (if different from above)	
Forename:	Referrers First Name(s)
Surname:	Referrers Last Name
Professional Role & Organisation:	Referrers Role / Organisation
Relationship to Individual:	Referrers Relationship To The Individual
Contact Telephone Number:	Referrers Telephone Number
Email Address:	Referrers Email Address

RELEVANT DATES	
Date the concern first came to light:	When were the concerns first identified?
Date referral made to Prevent:	Date this form was completed & sent off?

SAFEGUARDING CONSIDERATIONS	
Does the Individual have any stated or diagnosed disabilities, disorders or mental health issues?	Yes / No
Please describe, stating whether the concern has been diagnosed.	
Have you discussed this Individual with your organisations Safeguarding / Prevent lead?	Yes / No
What was the result of the discussion?	
Have you informed the Individual that you are making this referral?	Yes / No
What was the response?	
Have you taken any direct action with the Individual since receiving this information?	Yes / No
What was the action & the result?	
Have you discussed your concerns around the Individual with any other agencies?	Yes / No
What was the result of the discussion?	

INDIVIDUAL'S EMPLOYMENT / EDUCATION DETAILS	
Current Occupation & Employer:	Current Occupation(s) & Employer(s)
Previous Occupation(s) & Employer(s):	Previous Occupation(s) & Employer(s)
Current School / College / University:	Current Educational Establishment(s)
Previous School / College / University:	Previous Educational Establishment(s)

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THANK YOU

Thank you for taking the time to make this referral. Information you provide is valuable and will always be assessed. If there is no Prevent concern but other safeguarding issues are present, this information will be sent to the relevant team or agency to provide the correct support for the individual(s) concerned.

West Yorkshire Prevent Contacts

BRADFORD DISTRICT

DS 2553 Claire Godfrey – 01274 474783 or 07525243462

DC 446 Lauren Royston – 01274 474783 or 07793218543

DC 2557 Dan Pitt – 01274 474783 or 07590357036

DC 1260 Parminder Lall – 01274 376076 or 07921 282104

PSO Kevin Taylor - 01274 474783 or 07701294731

Bradford Prevent Office – 01274 376041/474783/376116