

# Prevent Referral Form

Referral process	
<p><b>By sending this form you consent for it to arrive with both your dedicated Local Authority safeguarding team &amp; Prevent policing team for a joint assessment.</b> 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 &amp; other case sensitivities.</p> <p>Once you have completed this form, please email it to: <a href="mailto:prevent@merseyside.police.uk">prevent@merseyside.police.uk</a></p> <p>If you have any questions whilst filling in the form, please call: 01606 362121</p>	
Individual's biographical & contact details	
Forename(s):	
Surname:	
Date of Birth (DD/MM/YYYY):	
Approx. Age (if DoB unknown):	
Gender:	
Known Address(es):	
Nationality / Citizenship:	
Immigration / Asylum Status:	
Primary Language:	
Contact Number(s):	
Email Address(es):	
Any Other Family Details:	

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<b>Describe concerns</b>	<p><b>In as much detail as possible, please describe the specific concern(s) relevant to Prevent.</b></p>
<p><b>FOR EXAMPLE:</b></p> <ul style="list-style-type: none"> <li>• How / why did the Individual come to your organisation’s notice in this instance?</li> <li>• Does it involve a specific event? What happened? Is it a combination of factors? Describe them.</li> <li>• Has the Individual discussed personal travel plans to a warzone or countries with similar concerns? Where? When? How?</li> <li>• Does the Individual have contact with groups or individuals that cause you concern? Who? Why are they concerning? How frequent is this contact?</li> <li>• 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?</li> <li>• 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?</li> <li>• Has the Individual shown a concerning interest in hate crimes, or extremists, or terrorism? Consider <i>any</i> extremist ideology, group or cause, as well as support for “school-shooters” or public-massacres, or murders of public figures.</li> <li>• Please describe any other concerns you may have that are not mentioned here.</li> </ul>	
<b>Complex needs</b>	<p><b>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?</b></p>

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## 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..

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<b>Person who first identified the concerns</b>	
<b>Do they wish to remain anonymous?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Forename:</b>	
<b>Surname:</b>	
<b>Professional Role &amp; Organisation:</b>	
<b>Relationship to Individual:</b>	
<b>Contact Telephone Number:</b>	
<b>Email Address:</b>	
<b>Person making the referral (if different from above)</b>	
<b>Forename:</b>	
<b>Surname:</b>	
<b>Professional Role &amp; Organisation:</b>	
<b>Relationship to Individual:</b>	
<b>Contact Telephone Number:</b>	
<b>Email Address:</b>	

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Referrer's organisational prevent contact (if different from above)	
<b>Forename:</b>	
<b>Surname:</b>	
<b>Professional Role &amp; Organisation:</b>	
<b>Relationship to Individual:</b>	
<b>Contact Telephone Number:</b>	
<b>Email Address:</b>	

Relevant dates	
<b>Date the concern first came to light:</b>	
<b>Date referral made to Prevent:</b>	
Safeguarding considerations	
<b>Does the Individual have any stated or diagnosed disabilities, disorders or mental health issues?</b>	Yes <input type="checkbox"/>  No <input type="checkbox"/>
Please describe, stating whether the concern has been diagnosed.	

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<b>Have you discussed this Individual with your organisations Safeguarding / Prevent lead?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What was the result of the discussion?	
<b>Have you informed the Individual that you are making this referral?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What was the response?	
<b>Have you taken any direct action with the Individual since receiving this information?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What was the action & the result?	
<b>Have you discussed your concerns around the Individual with any other agencies?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What was the result of the discussion?	

# Prevent Referral Form

Individual's employment / educational details	
<b>Current Occupation &amp; Employer:</b>	
<b>Previous Occupation(s) &amp; Employer(s):</b>	
<b>Current School / College / University:</b>	
<b>Previous School / College / University:</b>	

THANK YOU
<p>Thank you for taking the time to make this referral. Information you provide is valuable and will always be assessed.</p> <p>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.</p>