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| **REFERRAL PROCESS** |
| **Please complete the form to the best of your knowledge and with as much detail as possible. This information will be administered by the relevant police force and passed to a local Prevent team. Where possible we aim to give you feedback on your referral, however this is not always possible due to the sensitivities of the case. Once you have completed this form, please email it to preventreferrals@surrey.pnn.police.uk If you have any questions whilst filling in the form, or would like to discuss anything verbally, please call 01483 632982** |

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| **CONSIDERATIONS** | |
| **Have you discussed your concerns with your organisations safeguard lead?** | Yes / No |
| What Was The Result Of The Discussion | |
| **Have you discussed your concerns about this individual with anyone else?** | Yes / No |
| What Was The Result Of The Discussion | |
| **Have you told the individual that you are making this referral?** | Yes / No |
| What Was The Response | |
| **Have you taken any other action with the individual since receiving this information?** | Yes / No |
| What Was The Action And The Result | |
| **Does the individual have any disability?** | Yes / No |
| Please Describe The Disability Or Other Considerations Required When Dealing With The Individual | |

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| **RELEVANT DATES** | |
| **Date Information First Came To Light** | When Did The Referrer First become concerned |
| **Date Referral Made To Prevent** | Date Form Was Completed |

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| **DETAILS OF PERSON MAKING THE INITIAL REFERRAL / IDENTIFYING THE CONCERNS** | |
| **Do They Wish To Remain Anonymous** | Does The Referrer Wish To Remain Anonymous |
| **First Name** | Referrers First Name |
| **Last Name** | Referrers Last Name |
| **Professional Role And Organisation** | Referrers Role / Organisation |
| **Relationship To Individual** | Referrers Relationship To The Individual |
| **Contact Telephone Number(s)** | Referrers Telephone Number |
| **Email Addresses** | Referrers Email Address |

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| **DETAILS OF ORGANISATIONAL SAFEGUARD LEAD / POINT OF CONTACT** | |
| **First Name** | Contact First Name |
| **Last Name** | Contact Last Name |
| **Professional Role And Organisation** | Contact Role And Organisation |
| **Relationship To Individual** | Contact Relationship To The Individual |
| **Contact Telephone Number(s)** | Contact Telephone Number |
| **Email Addresses** | Contact Email Address |

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| **WHO ARE YOU CONCERNED ABOUT? BIO DETAILS AND CONTACT INFORMATION OF INDIVIDUAL BEING REFERRED** | |
| **First Name** | First Name |
| **Last Name** | Last Name |
| **Subject Date of Birth (DD/MM/YYYY)** | Date Of Birth If Known |
| **Gender** | Gender |
| **Address** | Full Home Address |
| **Nationality** | Nationality |
| **Languages Spoken** | Languages Spoken (Including How Fluent In English) |
| **Contact Details** | Telephone Number(s) |
| Email Address(es) |
| **Any Other Family Details** | Any Other Details Known About Family Members |

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| **INDIVIDUAL BEING REFERRED – SOCIAL MEDIA INFORMATION WHERE RELEVANT TO CONCERNS** | |
| **Twitter** | @Twitter Handle |
| **Facebook** | Facebook Username Or ID |
| **Instagram** | Instagram Username |
| **Snapchat** | Snapchat Username |
| **Other** | Any Other Social Media Platform Known To Be Used |

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| **INDIVIDUAL BEING REFERRED – EMPLOYMENT / EDUCATION DETAILS** | |
| **Current School / College / University** | Current Educational Establishment(s) |
| **Previous School / College / University** | Previous Educational Establishment(s) |
| **Current Occupation & Employer** | Current Occupation(s) And Employer(s) |
| **Previous Occupation(s) & Employer(s)** | Previous Occupation(s) And Employer(s) |

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| **SUMMARY OF CONCERNS** | |
| **REASON FOR REFERRAL** | What was it that prompted or encouraged you to refer this Individual of Concern to Prevent? |
| Please Describe, In Your Own Words, What Prompted You To Consider A Prevent Referral | |
| **VULNERABILITIES** | Have you identified any vulnerabilities with the individual? If so, please provide as much detail as possible. |
| Please Describe Any Vulnerabilities | |
| **ASSOCIATIONS** | Does the individual associate with groups or people that cause you concern? If so, please provide as much detail as possible. |
| Please Describe Any Concerning Associations | |
| **IDEOLOGY** | Has the individual done or said things which cause you concern? If so, please provide as much detail as possible. |
| Please Describe Any indications of support for narratives used by terrorist/extremist groups | |
| **INTERNET & SOCIAL MEDIA** | Do you have any concerns about the individuals’ social media and internet usage?  If so, please provide as much detail as possible. |
| Please Describe Any Online Usage Which Is Concerning | |
| **TRAVEL** | Has the individual discussed previous or future travel to areas of conflict such as Syria?  If so, please provide as much detail as possible. |
| Please Describe Any Previous Or Future Travel Which Is Potentially Concerning | |
| **GRIEVANCE** | Has the individual discussed feelings of injustice that is triggered by racism or discrimination or aspects of Government policy?  If so, please provide as much detail as possible. |
| Please Describe Any Grievance The Individual Has With Any Group Or Policy | |
| **ANY OTHER INFORMATION** | Please provide any further information which has not been detailed in previous questions and use this space to fully explain your concerns about the individual. Please detail any other known agencies or professionals working with the individual. |
| Please Describe Any Other Aspects Of The Individual Which Appear Concerning Or Information Which Might Assist When Assessing Them | |

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| **THANK YOU** |
| **Thank you for taking the time to make this referral. Your information is valuable and will always be assessed. If there is no assessed vulnerability to being drawn into terrorism but other safeguarding concerns remain, this information will be sent to the relevant team or agency to provide the individual with the correct support.** |