National Prevent referral form

This form is designed to help articulate a concern under Prevent – where you are worried a person is susceptible to radicalisation. Complete as much of the form as you are able; doing so will ensure that the person gets the help they need to keep them and others safe.

If you are a member of public sector staff, and would like to check your concern, you should contact your organisation's Designated Safeguarding Lead (DSL) or equivalent. If you are a member of the public and are concerned about someone, you should call the <u>Act Early Support Line</u> on 0800 011 3764, in confidence to share your concerns with a specially trained officer or you can call the Anti-Terrorism Hotline on 0800 789 321. More information on what to do if you have a concern is available under 'Get help for radicalisation concerns' on GOV.UK.

If you are deaf, hard of hearing or have a speech impairment, a police non-emergency number is available as a text phone service on 18001 101. Remember, in an emergency dial 999.

Once you have completed this form it is essential that you submit it to the police directly, or your DSL or equivalent will do this on your behalf. Where possible you will receive a response on your referral, but this is not always possible due to data-protection considerations and other sensitivities.

Where possible, do not leave any gaps, as the police may have to contact you to gather more information which will delay the process. If you cannot answer a question, explain why in the text box provided.

1 >	Details of person being referred
	Complete where information is known and applicable.
	This information will not be used to assess whether a referral should be adopted. Any personal data provided may support Equality Act obligations. Please only provide personal data if this information is already known from an official source or was provided by the person in question.
	Surname
	First name(s)
	Date of birth or approximate age
	Gender
	Ethnicity
	Nationality
	Immigration or asylum status
	First language
	Religion
	Current address
	Phone number
	Email address
	Social media identifiers for example, usernames and platforms

Parent or guardian contact details

OFFICIAL SENSITIVE when complete

Any other details that may be relevant to the concern

2	Describe your concerns relevant to Prevent
	How/why did the person first come to your notice?
	What is the person's ideology or belief of concern if known? For example, extreme right-wing terrorism (ERWT), Islamist terrorism, left wing, anarchist and single-issue terrorism (LASIT)
	What specific concerns do you have? Such as, have they had contact with extremist groups or people that worry you, discussed travel plans to a conflict zone, threatened anyone with violence, shown interest in hate crimes, extremists, or terrorism, or used their mobile phone, internet or social media in a way that worries you.
	Describe any other concerns you may have.

3

Relevant or concerning behaviours you have noticed

Select the concerning behaviours you have noticed (if applicable).

Absenteeism Abusive behaviour

Anti-social behaviour Becoming socially isolated

Change in appearance Closed to challenge

Confrontational Concerning use of the internet

Expression of extremist views Fixated on a topic or group

Interest in weapons Legitimising use of violence

Quick to anger/use of violence Seeking to recruit

Self-harm Substance misuse

Sudden abandonment of interests Support for gender-based violence

'Them and us' language Use of inflammatory language

Use of symbolism linked to extremism Other

Provide more detail on all the behaviours selected above or describe a behaviour not listed. If you require further space, attach additional sheets to the form.

4

Additional factors

Select any which apply to the person if applicable.

Access to weapons Adolescence or period of transition

Adverse childhood experiences Disability

Domestic abuse Extremist material

Family breakdown Family dispute

Financial problems Gang or group membership

History of violence Homelessness

Illness Learning disability

Links to criminality Loss or bereavement

Mental health Neurodiversity

Physical/emotional abuse Sexual abuse

So called honour-based violence Socially excluded

Thoughts of suicide/self-harm Trauma from conflict

Unemployment Victim of abuse

Victim of crime Victim of hate crime

Other

Provide more detail on all the factors selected above or describe a factor not listed. If you are not sure which behaviour categories are relevant, provide any details you can. If you require further space, attach additional sheets to the form.

5	Your details
	Surname
	First name(s)
	Organisation
	Address of organisation
	Polo or job titlo
	Role or job title Phone number
	Email address
	Relationship to the person
	Relationship to the person
6	Details of the person who first identified the concern
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6	Details of the person who first identified the concern (if different from above)
6	Details of the person who first identified the concern (if different from above) Surname First name(s)
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6	Details of the person who first identified the concern (if different from above) Surname First name(s) Organisation
6	Details of the person who first identified the concern (if different from above) Surname First name(s) Organisation Role or job title
6	Details of the person who first identified the concern (if different from above) Surname First name(s) Organisation Role or job title Phone number

Details of the person you have shared the concern with Provide the details of the person you have shared the concern with if known for example, your Designated Safeguarding Lead or equivalent, or Prevent police Surname First name(s) Organisation Role or job title

Phone number

Relationship to the person

Email address

$|8\rangle$ Relevant dates

Date concern was first identified

Date of referral to Prevent

9 Safeguarding considerations		
Does the person have any stated or diagnosed disabilities, neurodiversity needs, or mental health issues? If yes, provide further details of the diagnosis.	Yes	No
Have you discussed this person with your organisation's Designated Safeguarding Lead or equivalent (if applicable)? What was the result of this discussion?	Yes	No
Does the person know you are sharing this concern? If yes, describe the response	Yes	No
Have you taken any direct action with the person since this concern was identified? If yes, describe the action and result	Yes	No

10	Employment/education details of the person of concern
	Current occupation and employer:
	Previous occupation(s) and employer(s):
	Current school/college/university:
	Previous school/college/university:
	Not currently in education or employed:

If there is anything you have not been able to add to the form, but feel is relevant, please provide details or a contact number below

Thank you for taking the time to make this referral.

You should now submit this form to

or your Designated Safeguarding Lead or equivalent will do this for you.

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 out to the relevant team or agency to provide the correct support for the person concerned.

The Home Office and Counter-Terrorism Policing regularly conduct research in order to continuously improve the delivery of Prevent, and may contact you to invite you to participate in such research.

Tick this box if you **do not** wish to be contacted for research-related purposes.