

# PREVENT

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# SAFEGUARDING REFERRAL FORM

This form is designed to help articulate a safeguarding concern under Prevent – where you are worried that an individual is at risk from Radicalisation.

Complete as much of the form as you are able; doing so will help you assess the level of risk, and start to identify the correct response as required.

However if you feel the risk is high and time critical, you may wish to refer your concern immediately to your **Prevent Lead**.

**Please Note:**

This form is designed to be a start-point for referral sharing across all public sectors. Please check whether you already have a form or process in place.

This form is not intended to replace any existing forms or procedures, but may be useful to help to refresh what may be currently available to you.

Please also be aware of local or sector-specific guidelines for the sharing of information where appropriate.

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## 1. YOUR DETAILS

The person passing on the concern

NAME

AGENCY/TEAM

ROLE/JOB TITLE

EMAIL

PHONE NUMBER

DATE

## 2. DETAILS OF INDIVIDUAL BELIEVED TO BE AT RISK

Complete where able and appropriate

FULL NAME

D.O.B.

GENDER

ETHNICITY

NATIONALITY

FIRST LANGUAGE

RELIGION

OCCUPATION, OR NAME  
OF EDUCATIONAL  
ESTABLISHMENT

SOCIAL MEDIA NAME

CONTACT DETAILS

NAME OF NEXT OF KIN

NEXT OF KIN CONTACT

**3. PLEASE DESCRIBE YOUR RELATIONSHIP TO THE INDIVIDUAL**

**4. PLEASE SUMMARISE YOUR CONCERN(S)**

**5. WHAT INSTANCE OR CIRCUMSTANCE HAS LED TO YOU SHARING THIS CONCERN?**

**6. DOES THE INDIVIDUAL KNOW YOU ARE SHARING THIS CONCERN?** Please tick where applicable

YES

NO

YES  
and I have informed  
their parents

NO  
but I have informed  
their parents

# PREVENT SAFEGUARDING REFERRAL FORM CONTINUED.

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## 7. WHAT IS THE TIME FRAME FROM CONCERN BEING RAISED TO COMPLETING THIS FORM? Please tick where applicable

Less than a week      1-2 weeks      2-4 weeks      Over 1 month      3 months or more

## 8. PLEASE SELECT REASON(S) WHY YOU ARE SHARING THIS CONCERN Please tick where applicable

I want to speak to the individual(s) concerned and am logging my reasons for doing this

I want to check my concern with a colleague to see if it is justified

I want to refer my concern so a colleague can help check some context around it

I want to start safeguarding proceedings for this individual using internal resources

I'd like this concern to be immediately shared with partner agencies

## 9. PLEASE SELECT CONCERNING BEHAVIOURS YOU HAVE NOTICED Please tick where applicable

|                              |                              |                               |                              |                       |                                |
|------------------------------|------------------------------|-------------------------------|------------------------------|-----------------------|--------------------------------|
| ABUSE                        | USE OF INFLAMMATORY LANGUAGE | FIXATED ON A TOPIC            | SELF HARM                    | CONFRONTATIONAL       |                                |
| CLOSED TO CHALLENGE          | ABSENTEEISM                  | CHANGE IN APPEARANCE          | LEGITIMISING USE OF VIOLENCE | DRUG USE              | APPEARANCE/ USE OF SYMBOLISM   |
| DESIRE TO TRAVEL TO CONFLICT | ALCOHOL USE                  | EXPRESSION OF EXTREMIST VIEWS | QUICK TO ANGER               | HONOUR BASED VIOLENCE | SEEKING TO RECRUIT TO IDEOLOGY |
| BECOMING SOCIALLY ISOLATED   | ANTI SOCIAL BEHAVIOUR        | INTERNET USE                  | THEM AND US LANGUAGE         |                       |                                |

PLEASE USE THIS SPACE TO ELABORATE ON ANY OF THE ABOVE OR DESCRIBE A BEHAVIOUR NOT LISTED:

# PREVENT SAFEGUARDING REFERRAL FORM CONTINUED.

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## 10. PLEASE SELECT IF ANY OF THE FOLLOWING CIRCUMSTANCES ARE APPLICABLE

Please tick where applicable

|  |                         |                      |                         |                         |                          |
|--|-------------------------|----------------------|-------------------------|-------------------------|--------------------------|
| FAMILY<br>BREAKDOWN                      | MENTAL HEALTH           | UNEMPLOYMENT         | LEARNING<br>DISABILITY  | FAMILY<br>DISPUTE       | DOMESTIC<br>ABUSE        |
| SEXUAL ABUSE                             | FINANCIAL<br>SUPPORT    | ILLNESS              | DISABILITY              | HOMELESS                | SOCIALLY<br>EXCLUDED     |
| ADOLSCENCE<br>OR PERIOD OF<br>TRANSITION | TRAUMA FROM<br>CONFLICT | VICTIM OF<br>CRIME   | VICTIM OF<br>HATE CRIME | LINKS TO<br>CRIMINALITY | GANG/GROUP<br>MEMBERSHIP |
| UNEXPLAINED<br>TRAVEL                    | EXTREMIST<br>MATERIAL   | LOSS/<br>BEREAVEMENT |                         |                         |                          |

PLEASE USE THIS SPACE TO ELABORATE ON ANY OF THE ABOVE OR DESCRIBE A CIRCUMSTANCE NOT LISTED:

## 11. DETAILS OF PERSON YOU ARE SHARING YOUR CONCERN WITH

NAME

ROLE/JOB TITLE

EMAIL

PHONE NUMBER

## 12. PLEASE USE THE SPACE BELOW TO LOG WHAT YOU WOULD LIKE TO SEE HAPPEN NEXT OR SUPPORT YOU REQUIRE