

# Prevent referral form

By sending this form you consent for it to arrive with both your dedicated Local Authority safeguarding team and 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 and other case sensitivities.

Once you have completed this form, please email it to [preventreferrals@norfolk.pnn.police.uk](mailto:preventreferrals@norfolk.pnn.police.uk)

If you have any questions while filling in the form, please call the Prevent team on **01953 423905** or **01953 423896**

## Individual's biographical and contact details

Forename(s):	
Surname:	
Date of Birth:	
Approximate age:	
Gender:	
Known address(es), identify which address is the individual's current residence:	
Nationality or citizenship:	
Immigration or asylum status:	
Primary language:	
Contact telephone number(s):	
Email address(es):	
Any other relevant family details such as who lives with the individual:	

Prevent referral form – accessible version January 2022.

Official sensitive when completed.

Data Protection Act and Police Information Management policies apply.

## Describe concerns

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

- How or 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 in the box below.

Type text here

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## 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 or 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.

Type text here

## Other information

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

Type text here
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## Person who first identified the concerns

Does the identifier wish to remain anonymous?	
Forename:	
Surname:	
Professional role and organisation:	
Relationship to individual:	
Contact telephone number:	
Email address:	

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Person making this referral if different from person named above

Forename:	
Surname:	
Professional role and organisation:	
Relationship to individual:	
Telephone number:	
Email address:	

Referrer's organisational Prevent contact if different from above

Forename:	
Surname:	
Professional role and organisation:	
Relationship to individual:	
Telephone number:	
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 and sent off:	

## Safeguarding considerations

Does the individual have any stated or diagnosed disabilities, disorders or mental health issues? Please describe, stating whether the concern has been diagnosed.

Type text here

Have you discussed this individual with your organisations Safeguarding or Prevent lead? What was the result of the discussion?

Type text here

Have you informed the Individual that you are making this referral? What was the response?

Type text here

Have you taken any direct action with the individual since receiving this information? What was the action and the result?

Type text here

Have you discussed your concerns around the individual with any other agencies? What was the result of the discussion?

Type text here

### Individual's employment or education details

Current occupation and employer(s):	
Previous occupation(s) and employer(s):	
Current educational establishment(s):	
Previous educational establishment(s):	

**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.**