

# Prevent

## safeguarding referral form

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**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. If you would like to discuss your concern, you can call the police in confidence on 0800 011 3764 or you may wish to refer your concern immediately to your Local Authority Prevent Lead. If you're 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, please make sure you're safe and dial 999.**

### **Please Note**

This form is designed to be a start-point for Prevent 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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## **Your details**

The details of the person passing on the concern.

**Your name**

**Your department or team**

**Your role or job title**

**Your email**

**Your phone number**

**Date (day/month/year)**

**2** **Details of individual believed to be at risk**

Complete where able and appropriate.

**Their full name**

**Their religion**

**Their date of birth**  
or approximate age

**Their occupation**  
or name of educational  
establishment

**Their gender**

Male

Female

**Their address**

**Their social media name**

**Their ethnicity**

**Their contact details**  
for example, a phone  
number or email address

**Their nationality**

**Their first language**

**Any other family details**  
provide any information  
about the family that may be  
relevant to the concern

**Their immigration or  
asylum status**

**3 Your relationship to the individual**

Describe your relationship to the individual believed to be at risk.

**4 Your concerns**

In as much detail as possible, please describe the specific concerns relevant to Prevent.

**5 What instance or circumstance has led you to sharing this concern?**

**6 Does the individual know you are sharing this concern?**

Yes

No

I have informed a parent or legal guardian

**7 What is the time frame from the concern being raised to completing this form?**

Please select one of the following.

*Less than a week*

*Over 1 month*

*1-2 weeks*

*3 months or more*

*2-4 weeks*

## 8 Tell us why you are sharing this concern

Please select all the reasons that apply.

- 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 would like this concern to be immediately shared with partner agencies

## 9 Concerning behaviours you have noticed

Please select the concerning behaviours you have noticed.

- |   |  |
|---|--|
| <input type="checkbox"/> Absenteeism                    | <input type="checkbox"/> Expression of extremist views |
| <input type="checkbox"/> Abuse                          | <input type="checkbox"/> Fixated on a topic            |
| <input type="checkbox"/> Appearance or use of symbolism | <input type="checkbox"/> Honour-based violence         |
| <input type="checkbox"/> Alcohol                        | <input type="checkbox"/> Unhealthy use of the internet |
| <input type="checkbox"/> Anti-social behaviour          | <input type="checkbox"/> Legitimising use of violence  |
| <input type="checkbox"/> Change in appearance           | <input type="checkbox"/> Quick to anger                |
| <input type="checkbox"/> Becoming socially isolated     | <input type="checkbox"/> Seeking to recruit ideology   |
| <input type="checkbox"/> Closed to challenge            | <input type="checkbox"/> Self-harm                     |
| <input type="checkbox"/> Confrontational                | <input type="checkbox"/> 'Them and Us' language        |
| <input type="checkbox"/> Desire to travel to conflict   | <input type="checkbox"/> Use of inflammatory language  |
| <input type="checkbox"/> Drug use                       |  |

Please elaborate on any of the behaviours selected above or describe a behaviour not listed.

**10** **Circumstances of the individual**

Please select any of the following circumstances that apply to the individual

- |  |   |
|--|---|
| <input type="checkbox"/> Adolescence or period of transition | <input type="checkbox"/> Learning disability  |
| <input type="checkbox"/> Disability victim of crime          | <input type="checkbox"/> Links to criminality |
| <input type="checkbox"/> Domestic abuse                      | <input type="checkbox"/> Loss or bereavement  |
| <input type="checkbox"/> Extremist material                  | <input type="checkbox"/> Mental health        |
| <input type="checkbox"/> Family breakdown                    | <input type="checkbox"/> Socially excluded    |
| <input type="checkbox"/> Family dispute                      | <input type="checkbox"/> Sexual abuse         |
| <input type="checkbox"/> Financial support                   | <input type="checkbox"/> Trauma from conflict |
| <input type="checkbox"/> Gang or group membership            | <input type="checkbox"/> Unemployment         |
| <input type="checkbox"/> Homelessness                        | <input type="checkbox"/> Unexplained travel   |
| <input type="checkbox"/> Illness                             | <input type="checkbox"/> Victim of hate crime |

Please elaborate on any of the circumstances selected above or describe a circumstance not listed.

**11** **The person you are sharing the concern with**

Please provide details of the person you are sharing the concern with if known.

**Their name**

**Their role of job title**

**Their email**

**Their phone number**

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## What would you like to see happen?

Please tell us what you would like to see happen next or the support you require.