**PREVENT REFERRAL FORM**

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| **MAKING A REFERRAL** |
| **This form is for making a referral to Prevent in Southwark, for where you have concerns that either:** * **An individual may be radicalising others into support for terrorism and/or extremism**
* **An individual may be being radicalised into support for terrorism and/or extremism**
* **You assess that an individual may be particularly vulnerable to being radicalised**

**TO SUPPORT AN EFFECTIVE ASSESSMENT OF THESE CONCERNS, PLEASE COMPLETE THE FORM BELOW IN AS MUCH DETAIL AS POSSIBLE, INCLUDING ALL RELEVANT INFORMATION YOU HAVE AVAILABLE.****If you have any questions or issues in the process of completing this referral, please contact the Southwark Prevent team at** **prevent@southwark.gov.uk** **for further advice.** |

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| **DETAILS OF THE PERSON YOU ARE CONCERNED ABOUT** |
| **Forename:** |  |
| **Middle name (if known):** |  |
| **Surname:** |  |
| **Gender:** |  |
| **Date of birth:** |  |
| **Approximate age (if DOB unknown):** |  |
| **Address (inc. postcode):** |  |
| **Name of school/college/university (if applicable):** |  |

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| **DETAILS OF FAMILY / OTHER HOUSEHOLD MEMBERS *(where known)*** |
| **Name** | **Date of birth** | **Address** **(if different from above)** | **Relationship** **to the subject** |
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| **WHAT IS THE BASIS FOR YOUR CONCERN?** |
| **Please outline in as much detail as possible the basis for this referral to Prevent.****PLEASE CONSIDER:** * **How / why did the individual come to your notice?**
* **Does it involve a specific incident? If so, what happened? Or it a combination of factors? If so, describe them.**
* **Has the individual expressed support for terrorism/extremism, or advocated violence against others?**
* **Has the individual engaged with any concerning materials you are aware of - e.g. online or via social-media?**
* **Does the individual have contact with any groups or individuals that cause you concern?**
* **Has the individual engaged with conspiracy theories or other harmful narratives?**
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| **WHAT ACTIONS HAVE YOU TAKEN IN RESPONSE TO YOUR CONCERNS?** |
| **Please outline any actions you have taken to explore or address the concerns you have raised.** |
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| **Have you informed the individual of your concerns?** | **YES** | **NO** |
| **If YES, how and when? What was their response?** |
| **Have you spoken to a parent/guardian/carer about your concerns?** | **YES** | **NO** |
| **If YES, how and when? What was their response?** |

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| **WIDER VULNERABILITIES / SAFEGUARDING CONSIDERATIONS** |
| **Please outline in as much detail as possible any wider vulnerabilities that may be relevant.****PLEASE CONSIDER:** * **Does the individual have any disability, behavioural/developmental issues, or mental-health conditions?**
* **Are there any personal issues (e.g. emotional/relationship/work/family) that may make the individual vulnerable?**
* **Is the individual known to services in relation to: domestic violence/abuse, substance misuse, or exploitation?**
* **Has the individual got any criminal history that you are aware of?**
* **Are you aware of any relevant wider safeguarding concerns in relation to the family (e.g. neglect, domestic abuse)?**
* **Please describe any other potential vulnerabilities you think may be present.**
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| **ANY OTHER INFORMATION** |
| **Please include any further information that you think may be relevant to assessing this referral.** |
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| **ABOUT THE PERSON MAKING THIS REFERRAL** |
| **Name:** |  |
| **Professional role / job title:** |  |
| **Name of organisation / agency:** |  |
| **Email address:** |  |
| **Telephone number:** |  |

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| **ABOUT THE PERSON WHO IDENTIFIED THESE CONCERNS *(if different from above)*** |
| **Name:** |  |
| **Professional role / job title:** |  |
| **Name of organisation / agency:** |  |
| **Email address:** |  |
| **Telephone number:** |  |
| **Relationship to the individual being referred:** |  |

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| **DATE OF REFERRAL** |
| **Date Referral Submitted:** |  |

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| **SUBMITTING THIS REFERRAL** |
| ***If this referral relates to concerns about a young person (aged 18 years old or younger at the point of referral):*** **Please submit your completed form to the Southwark MASH in Children’s Services at mash@southwark.gov.uk, and copy in the Southwark Prevent Team in to your email at** **prevent@southwark.gov.uk****.** ***If this referral relates to concerns about an adult:*** **Please submit your completed form directly to the Southwark Prevent Team at** **prevent@southwark.gov.uk****.**  |

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| **AFTER YOUR REFERRAL** |
| **A member of the Southwark Prevent team will be in touch within two working-days to confirm receipt.****The information you have provided will be carefully assessed to determine the appropriate next steps.****SHOULD YOU BECOME AWARE OF ANY NEW OR ADDITIONAL INFORMATION FOLLOWING THE SUBMISSION OF THIS REFERRAL, PLEASE EMAIL THIS TO** **prevent@southwark.gov.uk** **AT THE EARLIEST OPPORTUNITY.** |