

## SOUTHWARK PREVENT REFERRAL FORM

### 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 susceptible 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](mailto:prevent@southwark.gov.uk) for further advice.

#### DETAILS OF THE PERSON YOU ARE CONCERNED ABOUT

Forename:	
Middle name (if known):	
Surname:	
Gender:	
Date of birth (or approx. age if unknown):	
Address (inc. postcode):	
Name of school/college/university (if applicable):	

#### DETAILS OF FAMILY / OTHER HOUSEHOLD MEMBERS (where known)

Name	Date of birth	Address (if different from above)	Relationship to the subject

#### 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?

*(continue on next page if needed)*

**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.

<b>Have you informed the individual of your concerns?</b>	<b>YES</b>	<b>NO</b>
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If YES, how and when? What was their response?

<b>Have you spoken to a parent/guardian/carer about your concerns?</b>	<b>YES</b>	<b>NO</b>
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If YES, how and when? What was their response?

**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 you consider may make the individual particularly 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. domestic abuse)?
  - Please describe any other potential vulnerabilities you think may be present.

### 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:	

### 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:	

### 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](mailto:mash@southwark.gov.uk), and copy in the Southwark Prevent Team in to your email at [prevent@southwark.gov.uk](mailto: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](mailto:prevent@southwark.gov.uk).

### 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](mailto:prevent@southwark.gov.uk) AT THE EARLIEST OPPORTUNITY.**