

National Prevent referral form

This form is designed to help articulate a concern under

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1 Details of person being referred

Any other details that may be relevant to the concern

2 Describe your concerns relevant to Prevent

How/why did the person first come to your notice?

What is the person's ideology or belief of concern if known? For example, extreme right-wing terrorism (ERWT), Islamist terrorism, left wing, anarchist and single-issue terrorism (LASIT)

What specific concerns do you have? Such as, have they had contact with extremist groups or people that worry you, discussed travel plans to a conflict zone, threatened anyone with violence, shown interest in hate crimes, extremists, or terrorism, or used their mobile phone, internet or social media in a way that worries you.

Describe any other concerns you may have.

3

Relevant or concerning behaviours you have noticed

Select the concerning behaviours you have noticed (if applicable).

Absenteeism

Abusive behaviour

Anti-social behaviour

Becoming socially isolated

Change in appearance

Closed to challenge

Confrontational

Concerning use of the internet

Expression of extremist views

Fixated on a topic or group

Interest in conspiracy narratives

Interest in extremist groups/causes

4

Additional factors

Select any which apply to the person if applicable.

Access to weapons	Adolescence or period of transition
Adverse childhood experiences	Disability
Domestic abuse	Extremist material
Family breakdown	Family dispute
Financial problems	Gang or group membership
History of violence	Homelessness
Illness	Learning disability
Links to criminality	Loss or bereavement
Mental health	Neurodiversity
Physical/emotional abuse	Sexual abuse
So called honour-based violence	Socially excluded
Thoughts of suicide/self-harm	Trauma from conflict
Unemployment	Victim of abuse
Victim of crime	Victim of hate crime
Other	

Provide more detail on all the factors selected above or describe a factor not listed. If you are not sure which behaviour categories are relevant, provide any details you can. If you require further space, attach additional sheets to the form.

5

Your details

Surname

First name(s)

Organisation

Address of organisation

Role or job title

Phone number

Email address

Relationship to the person

6

Details of the person who first identified the concern (if different from above)

Surname

First name(s)

Organisation

Role or job title

Phone number

Email address

Relationship to the person

7

Details of the person you have shared the concern with

Provide the details of the person you have shared the concern with if known for example, your Designated Safeguarding Lead or equivalent, or Prevent police

Surname

First name(s)

Organisation

Role or job title

Relationship to the person

Phone number

Email address

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Relevant dates

Date concern was first identified

Date of referral to Prevent

10 **Employment/education details of the person of concern**

Current occupation and employer:

Previous occupation(s) and employer(s):

Current school/college/university:

Previous school/college/university:

Not currently in education or employed:

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If there is anything you have not been able to add to the form, but feel is relevant, please provide details or a contact number below

Thank you for taking the time to make this referral.

You should now submit this form to

or your Designated Safeguarding Lead or equivalent will do this for you.

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 out to the relevant team or agency to provide the correct support for the person concerned.

The Home Office and Counter-Terrorism Policing regularly conduct research in order to continuously improve the delivery of Prevent, and may contact you to invite you to