|  |
| --- |
| **GPMS**:  |
| **Partnership - PREVENT Referral document** |
| **Agency/Partner making referral {i.e. Education, Health etc:]**  |  |
| **Details of person referring**:  |       |

**Personal Details**

|  |  |  |
| --- | --- | --- |
| **Surname/Family name:**  |       | **Forenames**:                   |
| **Date of birth**:      | **Gender**:  |
| **Ethnicity**:  | **Self Defined Ethnicity:**  |
| **Place of birth**:       | **Country of birth**:       | **Religion**:  |
| **Alias name(s)/date of birth**:       |
| **Nickname(s)**:       |
| **Address:**       |
| **Telephone number(s)** : | **Home:**       | **Mobile**:      |
| **Email address:**       |

**Reason for referral**

Detail in full vulnerability and causes, why the subject is suitable for Prevent intervention, if radicalised, state how, e.g. Internet, education, family/ associates and also if the individual has difficulties integrating into society.

**Please complete the below regarding the subject:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mental Health issues:**  | Y [ ]  | N [ ]  | Unknown [ ]  |
| **Please detail** |       |
| **Substance misuse?** | Y [ ]  | N [ ]  | Unknown [ ]  |
| **Please detail** |       |
| **Employed?** | Y [ ]  | N [ ]  | Unknown [ ]  | **Student** | Y [ ]  | N [ ]  | Unknown [ ]  |
| **Please detail** |       |
| **Education history/University dropout?** |
| **Please detail:** |  |
| **Attendance at places of Interest/Worship?** | Y [ ]  | N [ ]  | Unknown [ ]  |
| **Please specify with address** |       |
| **Children?** | Y [ ]  | N [ ]  | Unknown [ ]  |
| **If yes, please specify number and ages** |       |
| **What support network, if any, does this individual have? [i.e. family, wife, girlfriend]**      |
| **Criminal history?** | Y [ ]  | N [ ]  | Unknown [ ]  |
| **If yes, please specify** |       |
| **History of violence/honour based violence?** | Y [ ]  | N [ ]  | Unknown [ ]  |
| **If yes, please specify** |       |
| **Any other information**      |