|  |  |  |
| --- | --- | --- |
| **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** | | | | | | | | | | | | | | | | | |