

## Safeguarding and Prevent Referral Form

**Details of the person at risk:**

Please complete as much as you know:

Forename	
Surname	
Age	
Gender	
Nationality	
Contact Details Phone/Email	

**Your Details:**

Forename	
Surname	
Professional Role in your organisation	
Relationship to the individual	
Phone number	
Email	
Do you wish to remain anonymous?	

**Details of the person who brought it to your attention (if applicable)**

Forename	
Surname	
Professional Role in your organisation	
Relationship to the individual	
Phone number	
Email	
Do they wish to remain anonymous?	

### **Safeguarding Concern**

**Please describe in as much detail the specific concerns related to safeguarding:**

Abuse type:

Physical

Sexual

Psychological

Financial/Material

Discriminatory

Neglect/Omission

Organisational/Institutional

Self-neglect

Domestic abuse/violence

Modern slavery

Radicalisation/extremism

Other please specify:

Details of incident/Concern

### **Prevent Concern**

**Please describe in as much detail the specific concerns related to prevent**

For example has the individual expressed a desire to cause physical harm or threatened anyone with violence? or Has the individual expressed interest in hate crimes or extremists or terrorism?

Details of incident/Concern

**Is there anything in the individual's life that you think may be affecting their well-being or might be making them feel vulnerable in any sense?**

For example, is the individual a victim of crime, bullying or abuse? Does is the individual have financial work or housing problems? Does the individual have any emotional or personal problems?

Details of incident/Concern