**IF THIS REFERRAL RELATES TO A MATTER REQUIRING URGENT POLICE ATTENTION, PLEASE RING 999.**

This form should be completed and emailed without delay to:

[ctuleeds.intel@westyorkshire.pnn.police.uk](mailto:ctuleeds.intel@westyorkshire.pnn.police.uk)

N.B. Until this form is submitted to the North East Counter Terrorism Unit the risk will be retained by the referring agency.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PREVENT REFERRAL FORM** | | | | | | | | | | |
| **Full Name:** | | |  | | | | | | | |
| **Address (including postcode):** | | |  | | | | | | | |
| **D.O.B.** |  | | | | **Gender** | | |  | | |
| **Parent/Guardian:**  **(if applicable)** |  | | | | | | | | | |
| **Contact Details:** | **Mobile No.** | | | | | | | | | |
| **Email:** | | | | | | | | | |
| **Family Members** | | | | | | | | | | |
| **Name:** | |  | | | | **D.O.B.** |  | | **Gender** |  |
| **Name:** | |  | | | | **D.O.B.** |  | | **Gender** |  |
| **Name:** | |  | | | | **D.O.B.** |  | | **Gender** |  |
| **Name:** | |  | | | | **D.O.B.** |  | | **Gender** |  |
| **Referrer** | | | | | | | | | | |
| **Organisation:** | | | | **School:** | | | | | | |
| **Single Point of Contact within organisation** *(name, contact details, email)* | | | | | | | | | | |
| **Nature of concern** *(please provide as much detail as possible –full details of issue / vulnerabilities etc)***:** | | | | | | | | | | |
| **Referrers Actions** *(please provide the details of any actions you or your organisation have undertaken to address the issues being raised)***:** | | | | | | | | | | |
| **Is the Subject aware this referral is being made (Yes / No)** | | | | | | | | | | |
| **Other Agency Involvement** *(please specify)* | | | | | | | | | | |
| **Outcome of Police/Prevent Assessment** *( to be completed by NECTU Prevent Duty Sergeant)* | | | | | | | | | | |