**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

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)* |