National Prevent referral form

This form is designed to help articulate a concern under Prevent – where you are worried a person is susceptible to radicalisation. Complete as much of the form as you are able; doing so will ensure that the person gets the help they need to keep them and others safe.

If you are a member of public sector staff, and would like to check your concern, you should contact your organisation's Prevent Single point of Contact or equivalent. If you are a member of the public and are concerned about someone, you should call the Act Early Support Line on 0800 011 3764, in confidence to share your concerns with a specially trained officer or you can call the Anti-Terrorism Hotline on 0800 789 321. More information on what to do if you have a concern is available under Get help for radicalisation concerns on GOV.UK.

If you are deaf, hard of hearing or have a speech impairment, a police non-emergency number is available as a text phone service on 18001 101. Remember, in an emergency dial 999.

Once you have completed this form it is essential that you submit it to the Police Scotland Prevent Unit directly, or your Prevent Single Point of Contact or equivalent will do this on your behalf. Where possible you will receive a response on your referral, but this is not always possible due to data-protection considerations and other sensitivities.

Where possible, do not leave any gaps, as the police may have to contact you to gather more information which will delay the process. If you cannot answer a question, explain why in the text box provided.

1. Details of person being referred

Complete where information is known and applicable.

This information will not be used to assess whether a referral should be adopted. Any personal data provided may support Equality Act obligations. Please only provide personal data if this information is already known from an official source or was provided by the person in question.

Surname	
First name(s)	
Date of birth or approximate age	
Gender	
Ethnicity	
Nationality	
Immigration or asylum status	
First language	
Religion	
Current address	
Phone number	
Email address	

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Social Media identifiers for example usernames and platforms	
Parent or guardian contact details	

Any other details that may be relevant to the concern

2. Describe your concerns relevant to Prevent

How/why did the person first come to your notice?

What is the person's ideology or belief of concern if known? For example, extreme right-wing terrorism (ERWT), Islamist terrorism, left wing, anarchist, and single-issue terrorism (LASIT)

What specific concerns do you have? Such as, have they had contact with extremist groups or people that worry you, discussed travel plans to a conflict zone, threatened anyone with violence, shown interest in hate crimes, extremists, or terrorism, or used their mobile phone, internet or social media in a way that worries you.

Please describe any other concerns you may have.

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3. Relevant or concerning behaviours you have noticed

Select the concerning behaviours you have noticed (if applicable).

☐Absenteeism
☐Anti-social behaviour
☐Change in appearance
☐Confrontational
☐Expression of extremist views
☐Interest in conspiracy narratives
☐Interest in weapons
☐Quick to anger/use of violence
☐Self-harm
☐Sudden abandonment of interests
☐'Them and Us' language
☐ Use of symbolism linked to extremism
☐Abusive behaviour
☐Becoming socially isolated
☐Closed to challenge
☐Concerning use of the internet
☐Fixated on a topic or group
☐Interest in extremist groups/causes
☐Legitimising use of violence
☐Seeking to recruit
☐Substance Misuse
☐Support for gender-based violence
☐Use of inflammatory language
☐Other

Provide more detail on all the behaviours selected above or describe a behaviour not listed. If you require further space, attach additional sheets to the form.

4. Additional factors

Select any which apply to the person if applicable.

☐Access to weapons
☐Adverse childhood experiences
☐Domestic abuse
☐Family breakdown
☐Financial problems
☐History of violence
☐Illness
☐Links to criminality
☐Mental health
☐Physical/emotional abuse
☐Honour-based abuse
☐Thoughts of suicide/self-harm
☐Unemployment
☐Victim of crime
☐Other

☐Adolescence or period of transition
☐Disability
☐Extremist material
☐Family dispute
☐Gang or group membership
☐Homelessness
☐Learning disability
☐Loss or bereavement
☐Neurodiversity
☐ Sexual abuse
☐Socially excluded
☐Trauma from conflict
☐Victim of abuse
☐Victim of hate crime

Provide more detail on all the factors selected above or describe a factor not listed. If you are not sure which behaviour categories are relevant, provide any details you can. If you require further space, attach additional sheets to the form.

5. Your details

Surname

First name(s)

Organisation

Address of organisation

Role or job title

Phone number

Email address

Relationship to the person

6. Details of the person who first identified the concern (if different from above)

Surname

First name(s)

Organisation

Role or job title

Phone number

Email address

Relationship to the person

7. Details of the person you have shared the concern with

Please provide the details of the person you have shared the concern with if known for example, your Prevent Single Point of Contact or equivalent, or Police Scotland Prevent Unit.

Surname

First name(s)

Organisation

Role or job title

Relationship to the person

Phone number

Email address

8. Relevant dates

Date concern was first identified

Date of referral to Prevent

9. Safeguarding considerations

Does the person have any stated or diagnosed disabilities, neurodiversity needs, or mental health issues? Yes ☐ No ☐
If yes, please provide further details of the diagnosis.

Have you discussed this person with your organisation's Prevent Single Point of Contact or equivalent (if applicable)? Yes ☐ No ☐

What was the result of this discussion?

Does the person know you are sharing this concern? Yes ☐ No ☐
If yes, describe the response

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Have you taken any direct action with the person since this concern was identified? Yes ☐ No☐

If yes, describe the action and result

10. Employment/education details of the person of concern

Current occupation and employer:

Previous occupation(s) and employer(s):

Current school/college/university:

Previous school/college/university:

Not currently in education or employed:

11. If there is anything you have not been able to add to the form, but feel is relevant, please provide details or a contact number below

Thank you for taking the time to make this referral.

You should now submit this form to preventreferrals@scotland.police.uk
Or your Prevent Single Point of Contact or equivalent will do this for you.

Information you provide is valuable and will always be assessed. If there is no Prevent concern but other safeguarding issues are present, this information will be sent out to the relevant team or agency to provide the correct support for the person concerned.

The Home Office, Counter-Terrorism Policing and Scottish Government regularly conduct research in order to continuously improve the delivery of Prevent and may contact you to invite you to participate in such research.

Tick this box if you **do not** wish to be contacted for research-related purposes. ☐

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