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| **Channel Referral Form** |

**Information will be kept secure and confidential and will only disclosed to those parties who have a legal and legitimate need to know.**

This form is designed to help articulate a safeguarding concern under Prevent – where you are worried that an individual is at risk from Radicalisation.

Complete as much of the form as you are able; doing so will help you assess the level of risk, and start to identify the correct response as required.

If anyone is at imminent risk of harm you should call 999.

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|  **Please complete this form and email:****For children** - childwellbeing@bury.gov.uk**For adults -** adultcareservices@bury.gov.ukDo **NOT** password protect or encrypt this document when submitting. Please complete all details to the best of your knowledge. Please state if unknown. |

The information will be processed accordance with the General Data Protection Regulation.  If you would like to know more information about this visit the Council’s website <https://www.bury.gov.uk/index.aspx?articleid=10637>

**1. YOUR DETAILS** (the person passing on the concern)

|  |  |
| --- | --- |
| **NAME** |  |
| **AGENCY/TEAM/****EMPLOYER** |  |
| **ROLE/JOB TITLE**  |  |
| **EMAIL** |  |
| **PHONE NUMBER** |  |
| **DATE** |  |

**2. DETAILS OF INDIVIDUAL BELIEVED TO BE AT RISK**

Please include as much detail as possible

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Date of Birth** |  |
| **Forenames** |  | **Gender** |  |
| **Ethnicity** |  | **Nationality** |  |
| **Address** |  |
|  | **Postcode** |  |
| **Telephone Number** |  | **Social Media Name(s)** |  |
| **First Language** |  | **Interpreter Required?** |  |
| **Religion** |  |  |  |
| **School / Occupation** |  |
| **Next of Kin**  |  |
| **Next of kin Contact Details** |  |

|  |
| --- |
| **Household Composition** |
| **Name** | **Date of Birth** | **Gender** | **Relationship** |
|  |  |  |  |
|  |  |  |  |
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**3. PLEASE DESCRIBE YOUR RELATIONSHIP TO THE INDIVIDUAL**

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**4. PLEASE SUMMARISE YOUR CONCERN(S)**

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**5. WHAT INSTANCE OR CIRCUMSTANCE HAS LED TO YOU SHARING THIS CONCERN?**

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|  |

**6. DOES THE INDIVIDUAL KNOW YOU ARE SHARING THIS CONCERN?**

* YES
* NO
* YES – and I have informed their parents/carers
* NO – but I have informed their parents/carers

**7. WHAT IS THE TIME FRAME FROM CONCERN BEING RAISED TO COMPLETING THIS FORM?**

* Less than a week
* 1-2 weeks
* 2-4 weeks
* Over 1 month
* 3 months or more

**8. PLEASE SELECT REASON(S) WHY YOU ARE SHARING THIS CONCERN**

* I want to speak to the individual(s) concerned and am logging my reasons for doing this
* I want to check my concern with a colleague to see if it is justified
* I want to refer my concern so a colleague can help check some context around it
* I want to start safeguarding proceedings for this individual using internal resources
* I’d like this concern to be immediately shared with partner agencies

**9. PLEASE SELECT CONCERNING BEHAVIOURS YOU HAVE NOTICED**

|  |  |  |
| --- | --- | --- |
| * ABUSE
 | * USE OF INFLAMMATORY LANGUAGE
 | * FIXATED ON A TOPIC
 |
| * SELF HARM
 | * CONFRONTATIONAL
 | * CLOSED TO CHALLEGE
 |
| * ABSENTEEISM
 | * CHANGE IN APPEARANCE
 | * LEGITIMISING USE OF VIOLENCE
 |
| * DRUG USE
 | * APPEARANCE/USE OF SYMBOLISM
 | * DESIRE TO TRAVEL TO CONFLICT
 |
| * ALCOHOL USE
 | * EXPRESSION OF EXTREMIST VIEWS
 | * QUICK TO ANGER
 |
| * HONOUR BASED VIOLENCE
 | * SEEKING TO RECRUIT TO IDEOLOGY
 | * BECOMING SOCIALLY ISOLATED
 |
| * ANTI SOCIAL BEHAVIOUR
 | * INTERNET USE
 | * THEM AND US LANGUAGE
 |

**PLEASE USE THE SPACE BELOW TO ELABORATE ON ANY OF THE ABOVE**

**OR DESCRIBE A BEHAVIOUR NOT LISTED**

|  |
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|  |

**10. PLEASE SELECT IF ANY OF THE FOLLOWING CIRCUMSTANCES ARE APPLICABLE**

|  |  |  |
| --- | --- | --- |
| * FAMILY BREAKDOWN
 | * MENTAL HEALTH
 | * UNEMPLOYMENT
 |
| * LEARNING DISABILITY
 | * FAMILY DISPUTE
 | * DOMESTIC ABUSE
 |
| * SEXUAL ABUSE
 | * FINANCIAL SUPPORT
 | * ILLNESS
 |
| * DISABILITY
 | * HOMELESS
 | * SOCIALLY EXCLUDED
 |
| * ADOLSCENCE or PERIOD OF TRANSITION
 | * TRAUMA FROM CONFLICT
 | * VICTIM OF CRIME
 |
| * VICTIM OF HATE CRIME
 | * LINKS TO CRIMINALITY
 | * GANG/GROUP MEMBERSHIP
 |
| * UNEXPLAINED TRAVEL
 | * POSSESSION OF EXTREMIST MATERIAL
 | * LOSS/BEREAVEMENT
 |

**PLEASE USE THE SPACE BELOW TO ELABORATE ON ANY OF THE ABOVE**

**OR DESCRIBE A CIRCUMSTANCE NOT LISTED**

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**11. DETAILS OF PERSON YOU ARE SHARING YOUR CONCERN WITH**

|  |  |
| --- | --- |
| **NAME** |  |
| **ROLE/JOB TITLE**  |  |
| **EMAIL** |  |
| **PHONE NUMBER** |  |

**12. PLEASE USE THE SPACE BELOW TO LOG WHAT YOU WOULD LIKE TO SEE HAPPEN NEXT OR SUPPORT YOU REQUIRE**

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**Once complete please email to:**

**For children** - childwellbeing@bury.gov.uk

**For adults -** adultcareservices@bury.gov.uk