

Restricted when Complete

Cheynes Training Prevent Duty - Channel' Referral Form

| Referral Details | | | |
|--|--|-------------------|--|
| Name: | | | |
| Alternative name: | | | |
| Date of Birth: | | Gender: | |
| Address: | | | |
| Nationality: | | Ethnicity: | |
| Language (first): | | Faith: | |
| School/college or Occupation/workplace: | | | |
| Family or Carer details: | | | |
| Referring Agency Details | | | |
| Name of person completing Referral: | | | |
| Agency: | | | |
| Date of Referral: | | | |

| Vulnerability Factors | | |
|---|---|-----|
| Factor | Notes | Y/N |
| Faith/Ideology | e.g. Concerning comments relating to faith or ideology, or association with extremists | |
| Social Mobility | e.g. poverty, lack of education or employment, immigration issues | |
| Physical or mental health | e.g. Disability, learning difficulties, mental health concerns | |
| Risk or harm factor | e.g. threat posed by family member (DV issues), victim of hate crime or personal attack | |
| Criminal Activity or association | e.g. involved in criminal activity or associating with known criminals | |
| Isolation or exclusion | e.g. lack of social activity, isolation, absent peer groups | |
| Other factor – please specify | | |
| Is the individual aware of the referral? | Although it is not necessary or always beneficial to notify an individual the fact they are aware is important. | |

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Summary reason for referral

Outline main reasons for referral:

Existing agency involvement

Outline and existing agency involvement (that you are aware of) e.g. Safeguarding:

Any other relevant information

Notes: The Channel referral process places an individual into a multi-agency assessment and support process which aims to reduce their vulnerability to extremist related activity. Each referral is screened for suitability. Further information will be sought from partner agencies before any support mechanisms are put in place. Your referral is important and does not mean an individual is a terrorist or will become a terrorist, only that vulnerabilities have been identified which require further investigation or help. Please provide as much detail as possible.

If you have any questions or concerns please do not hesitate to discuss with your head of safeguarding, your nominated point of contact or local Prevent engagement officer.

When completed please email to safeguarding@cheynestraining.com