

Warwickshire and West Mercia Police Channel (Prevent) Referral Form

Safeguarding individuals in vulnerable situations from violent extremism

Please fill in as much information as possible. Simply click in the grey box and type the details required. Once completed, email the form to Prevent@warwickshireandwestmercia.pnn.police.uk

The aim of Channel, part of the Prevent duty, is to support individuals where there is a potential risk of radicalisation and violent extremism. Violent extremism may be related to any religion, faith, political group, or environmental issues. There is no single route into extremism, nor is there a simple profile of those that may become extremists. Factors that may indicate vulnerability to extremism may include (but not limited to):

- Possession of literature regarding military training, skills and techniques
- Possession of violent extremist literature
- The expression of extremist views advocating violent actions and means
- Association with known extremists, seeking to recruit others to an extremist ideology or claims of involvement with organisations espousing extreme violence
- Exposure to an ideology that appears to sanction, legitimize or require violence
- A range of perceived grievances, real and some imagined, to which there seems to be no credible and effective non-violent response.

It must not be assumed that these characteristics and experiences will necessarily lead to individuals becoming violent extremists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability.

The Channel process is designed to develop an appropriate support package to safeguard those at risk of being drawn into violent extremism, based on an assessment of their vulnerability.

The information you provide on this form will be held on police systems and will be used to determine if further enquiries, investigations and interventions are required. Please provide as much relevant information as possible. Where possible, any suspicion or opinion should be supported by reference to other facts or sources.

Should you be disclosing personal details from your information systems you may wish to consider obtaining the consent of the individual concerned, though we appreciate this isn't always possible or desirable. **Information that you provide may be shared with other partners and organisations.** You may wish to consult your Data Protection Officer/Safeguarding Lead for further advice.

RESTRICTED (once completed)

1. Details of person being referred to Prevent	
Name of person being referred:	
Date of birth: (if not known—approx age)	
Address:	
Phone number(s):	
Details of family members, associates, and friends that may be linked to this activity: (Name/date of birth/ address/phone numbers)	
Other agencies involved with referral: (include names and contact details)	
School/college attended, place of work, occupation etc:	
Have you obtained consent to share their personal data: (If no, why do you not consider it appropriate)	

2. Reasons for referral

Please give as much detail as possible of why you consider this person to be at risk or vulnerable to radicalisation/violent extremism. This should include any opinions and where appropriate, facts or evidence supporting these opinions.

2b. Summary of Concerns.

Engagement, Intent and Capability – Please state:

Engagement

Does the information at present suggest that this individual has a partial or strong engagement with a group, cause or ideology that justifies the use of violence and other illegal conduct in pursuit of its objectives?

YES / NO (tick as applicable)

If yes, give details:

Intent

Does the information at present suggest that this individual has a partial or strong intention to use violence or other illegal means to further the aims of an extremist group, cause or ideology?

YES / NO (tick as applicable)

If yes, give details:

Capability

Does the information at present suggest that this individual has a partial or strong capability, by virtue of his/her own knowledge or skills, by the individual's access to resources or by virtue of previous criminal experience, of contributing directly or indirectly to an act of terrorism?

YES / NO (tick as applicable)

If yes, give details:

RESTRICTED (once completed)

3. Details of person / organisation making the referral:	
Name:	
Organisation:	
Contact number(s):	
Email address:	
Does your organisation have a Prevent/Safeguarding lead:	YES <input type="checkbox"/> / NO <input type="checkbox"/> (tick as applicable) If yes, include name and contact details:
Have you discussed this referral with your Prevent/Safeguarding Lead:	YES <input type="checkbox"/> / NO <input type="checkbox"/> (tick as applicable) If yes, include date:
Actions taken prior to referral (with dates) to clarify/ address concerns:	
Date of referral:	

Thank you for completing the Prevent referral form. Please email the form to Prevent@warwickshireandwestmercia.pnn.police.uk