

Language in Action Radicalisation and Extremism Referral Form

Name of the student:			
Name of the person completing the Form:			
Date of referral:			
Nature of concern (please circle):		<ul style="list-style-type: none"> • Inappropriate content on mobile phone • Overheard conversation • Propaganda material • Gang mentality • Inappropriate material held by student • Change in behaviour • Other 	
Please use the space below to provide details of your concern based on facts you have noticed, seen or overheard:			
Action taken by:		Date and time:	
Reported to Prevent Lead:		Name of contact: Date and time	
Discussed with the General Manager:		Name of contact: Date and time	

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Referral to social care or police:		Name of contact: Date and time	
Referral to police:		Name of contact: Date and time	
Phone call /contact with parents:		Name of contact: Date and time	
Phone call /contact with student's agency:		Name of contact: Date and time	
Prevention Lead and Management team follow up (describe the outcome and next steps):			