

Language in Action Radicalisation and Extremism Referral Form

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| 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 | |
| <p>Please use the space below to provide details of your concern based on facts you have noticed, seen or overheard:</p> | | | |
| 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): | | | |
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