

**Your Ref No:**



## **PREVENT/CHANNEL REFERRAL**

**Date:**

**Referring Agency/Department:**

**Name of person referring and contact details:**

**Referring person – Wrap trained? If so what level?**

**If Yes, area where Wrap training received:**

**Full name of person being referred:**

**Age/D.O.B/Place of Birth:**

**Address:**

**Family Composition: (please include full names/dob/address/telephone numbers if known of family members):**

**School/Educational establishment (if applicable)**

**Brief circumstances that have led to the referral and details of any action already taken:**

**Any other relevant comments/details of any attachments included:**

When completed, please forward via secure email to:

**[prevent.contest@cleveland.pnn.police.uk](mailto:prevent.contest@cleveland.pnn.police.uk)**

Once received your referral will be acknowledged via email.

If you wish to speak to a member of the Police Prevent Team, please call:

**01642 303397/ 07841 533804 or 01642 301332**