**CONFIDENTIAL**

**NOTIFICATION OF POTENTIAL PREVENT CONCERN**

**To be completed by the referring practitioner**

This form notifies the appropriate person at ... Health Board and/or at ... Local Authority of suspected Prevent concern.

**SUSPECTED INDIVIDUAL BEING RADICALISED**

Name: Address:

Gender:

Date of Birth:

Name of Person with parental responsibility/Carer/Next of Kin (if appropriate)

**NATURE OF SUSPICION (detail of concerns/observations)**

**MEANS OF TRANSMISSION:**

Telephone

Secure Fax

Secure email

Registered Letter

This is a first referral/follow-up confirmation Signature.....................................................................................................................................

Print Name..................................................................................................................................

Position………………………………………………………………………………………………………………………………….

Date.......................................................................................................................................