



PREM REFERRAL FORM - CHILD

Completed by <i>Name and Job Title</i>	Click or tap here to enter text.	Date Click or tap to enter a date.
Authorised by <i>Senior Manager Name</i>	Click or tap here to enter text.	Date Click or tap to enter a date.

Name	Click or tap here to enter text.
Other known names	Click or tap here to enter text.
Date of Birth	Click or tap here to enter text.
Address	

Current social care status	Click or tap here to enter text.
Allocated Social Worker	Name: Email: Click or tap here to enter text. Telephone number: Click or tap here to enter text.
Local Authority	Choose an item.

Parent Name	Click or tap here to enter text.
Date of Birth	Click or tap here to enter text.
Address	
Parental Responsibility	Choose an item.

Parent Name	Click or tap here to enter text.
Date of Birth	Click or tap here to enter text.

Address	
Parental Responsibility	Choose an item.

Carer details (if cared for child)	
Name	Click or tap here to enter text.
Address	
Placement type	Click or tap here to enter text.

GP details	
School/ College details	

EXPLOITATION CONCERNS

Sexual Exploitation	<i>Check if applicable</i> ☐	Criminal Exploitation (Including County Lines activity)	<i>Check if applicable</i> ☐
Modern Day Slavery	<i>Check if applicable</i> ☐	Financial Exploitation	<i>Check if applicable</i> ☐

NRM referral Submitted?	Y/N	Date	Outcome
	Choose an item.	Click or tap to enter a date.	Choose an item.

MISSING CONCERNS

Vulnerability Indicators	Check if applicable
Missing - Is there direct evidence regarding late return home and/or missing episodes which are associated with exploitation?	☐
Details: Click or tap here to enter text.	
Gangs and Organised Crime – Is there direct evidence of the individual’s association with gangs, gang fights or gang membership being associated with exploitation?	☐
Details: Click or tap here to enter text.	
Modern Slavery – Is there direct evidence and worries that the individual is a victim of modern slavery?	☐
Details: Click or tap here to enter text.	
Trafficking – Is there direct evidence and worries that the individual is being trafficked?	☐
Details: Click or tap here to enter text.	
Physical/ Sexual/ Mental Health – Is there direct evidence that the individual’s physical, sexual and/or mental health and awareness is associated with exploitation?	☐
Details: Click or tap here to enter text.	
Financial – Is there direct evidence a lack of financial independence and/or security is associated with exploitation?	☐
Details: Click or tap here to enter text.	

Drug and Alcohol - Is there direct evidence that the individual's drug and/or alcohol misuse is associated with exploitation?	☐
Details: Click or tap here to enter text.	
Presentation – Has there been significant changes in the individual's presentation?	☐
Details: Click or tap here to enter text.	
Family/ Personal Relationships - Is there direct evidence family and/or personal relationships fail to ensure the individual is protected from exploitation or contributes to exploitation?	☐
Details: Click or tap here to enter text.	
Living Arrangements - Is there direct evidence accommodation stability and/or suitability is associated with exploitation?	☐
Details: Click or tap here to enter text.	
Education/ Training/Employment - Is there direct evidence or worries that the individual's attendance at ETE, or lack of attendance, is associated or contributes to exploitation?	☐
Details: Click or tap here to enter text.	
Social Media – Is there direct evidence of the individual's use of the internet and/or social media is associated with exploitation?	☐
Details: Click or tap here to enter text.	
Diversity and Impact on Safeguarding - Does the individual have any diversity issues that may increase their vulnerability and/or the ability for professionals to actively safeguard?	☐

Details:

Click or tap here to enter text.

SAFEGUARDING AND DISRUPTION

Strategy meeting (or complex abuse strategy) meeting date held within the last 3 months	Click or tap to enter a date.
Actions identified: Click or tap here to enter text.	
Has an evidential mapping meeting been considered and completed?	Choose an item.
Please provide key details of locations/ offenders identified. If not completed, please provide rationale: Click or tap here to enter text.	
What are the outstanding barriers and/or gaps which would enable the risk to be reduced?	
Details: Click or tap here to enter text.	
Has this individual previously been referred to PREM?	Choose an item.
Details: <i>Please include date/s and outcome/s</i> Click or tap here to enter text.	
What is required from PREM to achieve a reduction in risk of harm to the individual?	
Details: Click or tap here to enter text.	
Protective Factors:	
Details: Click or tap here to enter text.	

Individual's views:
Click or tap here to enter text.
Parent's/Carer's views, if applicable:
Click or tap here to enter text.
Professional's judgement:
Click or tap here to enter text.

--

All crimes and intelligence of note should be reported prior to the submission of this PREM referral.

I confirm that any crimes/intelligence disclosed have been reported to police.

Choose an item.