|  |  |
| --- | --- |
| Referring Agency |  |
| Referring Officer  | Name |  |
| Email |  |
| Contact number |  |
| Referral name |  | Aliases |  |
| Date of birth |  | Address |  |
| Gang Association |  | Gang disputes |  |
| Reason for referral | Incident  |  |
| Potential for escalation? |  |
| Why are you referring to the Gang Action Group? |  |
| Evidence of motivation to exit gangs/change lifestyle? |  |
| (If in custody) List of visitors / custody associates |  |
| Offending history in previous 12 months (list all convictions or ongoing proceedings) |  |
| Risk Factors | Mental Health / Learning Disabilities |  |
| Physical Health Needs |  |
| Alcohol & substance use |  |
| Lifestyle risks |  |
| Child Sexual Exploitation / Violence Against Women & Girls |  |
| Actions being taken to mitigate risks / Partner Agencies involved in this case |  |
| Family Information (Please list relevant family information e.g. siblings, intervention history) |  |
| Education, Training & Employment |  |
| Referring Officer’s Signature |  | Date |  |