|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | |  |