Criteria for a referral is a nominal who is **not currently managed under one of the three MAPPA categories** but reasonable grounds exist for believing that there is a risk of them committing an offence or offences that will cause **serious harm**

This referral form is intended for subjects who are under the age of eighteen (18) years old

Once complete, email to PDPReferrals@northants.pnn.police.uk

Youth Risk Panel Referral

Insert Photo

A complete PND and PNC search must be completed prior to referral being submitted

Additionally, a child safeguarding referral (PPN) must be completed before this referral is submitted*

Referrer Information	
Collar No: Name: Email: Phone No:	
Name of authorising line manager:	

Subject	
Name:	
Current Address:	
Date of Birth:	
Gender:	
Niche ID:	
PNC ID:	
Aliases:	

Flags/markers:	
Parent/Guardian: Name: DOB: Address: Relationship to subject:	
Care Needs/Carer Details: (if applicable)	
Current Living Arrangements: (who do they live with)	
Appropriate Adult details including, name, address, contact details, relationship to nominal, PNC check	*If different to 'Parent/Guardian' please specify*
Relevant third-party agency/relevant person such, school/college safeguarding officer, member of NCT, additional appropriate adult (supportive person in youth's life), support worker. *Please supply as much information as possible* *Please include full contact details*	
Social Worker (if applicable) *Please include full contact details*	

Reason for Referral	
Why are you referring this subject to the Youth Risk Panel? *Please include occurrence numbers where possible*	

*This could be information which indicates behaviour (either an isolated incident or pattern of behaviour) that gives reasonable grounds to believe there is a likelihood of that person committing an offence or behaviours that will cause **serious harm**.*	

Risk Assessment	
What is the risk?	
Who is at risk?	
What could increase the risk? (i.e. mental health, medication, drugs, alcohol, education, risk of CSE, county lines, relationships and associations)	
Known patterns of behaviour:	

Known Victim(s)	
Name: DOB: Address: Contact details: Relationship to youth:	
Name: Dob: Address:	

Contact details: Relationship to youth:	

Child Safeguarding*	
Occurrence number for Child Safeguarding PPN:	
Outcome of PPN:	

Previous Convictions & PND Record Review	
Please include information from most recent PNC and *relevant* information/intelligence from up-to-date PND record review. Please contact MOSOVO if unsure.	

To be completed by MOSOVO:

Screening		
Screened by:		
Date referral received:		
Does this referral meet threshold for adoption meeting? Rationale:	Yes	No
Next meeting date for adoption:		
Referrer notified of decision: Method of notification:	Yes	No

DI Authorisation		
Name:		
Adoption:	Yes	No
Rationale for adoption:		

Note - extension requires DI authority

DI Extension Authorisation	
Name:	
Rationale for extension:	

Extension Review		
Actions completed:	Yes	No
Civil order or charges:	Yes	No
Discharge/Extension:	Discharge	Extension

Note – if further extension required, Superintendent authorisation is required. Complete supplementary form.