**Rebuild Pre NRM Referral Form**

## Details of referring agency and worker

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Referring Agency/Role: |  |
| Contact Phone Number: |  | Contact Email Address: |  |

## Personal details of Potential Victim of Human Trafficking

|  |  |
| --- | --- |
| Name:  |  |
| Preferred Name:  |  |
| Do they have a mobile phone? | Yes No  |
| Contact Phone Number: |  |
| Date of Birth/Age: |   | Nationality:  |  |
| Level of English: |  | Interpreter needed? | Yes/No |
| Immigration status: |  |
| Gender: |  Prefer not to say |
| Any known safety concerns to staff lone working?  |  |
| Has risk assessment been attached?  |  |
| Does the PVOT have clothes?  |  |
| Does the PVOT have personal belongings?  |  |
| Are there known safeguarding concerns?  |  |

|  |
| --- |
| **Please give details of the PVOT’s experiences of exploitation, Human Trafficking or Modern Slavery****Brief details of any known support needs:**  |

Signed by referrer ………………………………………………………………………..

Date ………………………………………………………………………….