**Rebuild Pre NRM Referral Form**

## Details of referring agency and worker

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| --- | --- | --- | --- |
| 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? |  | | |

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| **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 ………………………………………………………………………….