

**Referrer Details:**

Full name:
Organisation:
Position:
Phone:
Email:
Relationship to referred person:

**Participant Details:**

Full name:
Date of birth:
Phone:
Email:
Address:
Cultural background:
Main language spoken:

**Parent / Guardian Details (if aged 16 years or younger):**

Full name:
Relationship to individual:
Phone:
Email:
Address:

**Does this person have any diagnosed mental health history?**Yes ☐ No ☐ Unknown ☐

Please detail:
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**Reason for referral**

Please provide a detailed summary of any current behaviours of concern related to violent extremism:

**Factors relating to Violent Extremism (VE)**

This section outlines factors that may indicate a vulnerability toward violent extremism. Please provide detailed information where appropriate.

Is this person expressing any grievances or ideological views? If so how and to who?	
Do they have links to an extremist group or movement either online or in person?	
Has there been a change in appearance or behaviour?	
Have they withdrawn from previous activities or social groups?	
Is there evidence of negative views or threats / justification of violence directed toward a particular group or people?	
Are they spending time researching ideological views? (e.g. online, social media, religious groups)	
Have their interests or behaviours escalated over time?	

**Non-VE related vulnerabilities**

This section refers to other factors that may make an individual more vulnerable toward violent extremism.

Concerns about self-esteem / sense or identity	
Mental health concerns/neurodivergence	
Negative experiences with government or other agencies	
Alcohol and / or drug use	
Impulsivity and / or self-control	
Antisocial and / or aggressive behaviour	
Experiences of trauma and adverse life experience	
Challenges with education and / or employment	

**Protective Factors**

This section details any protective factors an individual may have that can be used to tailor future goals and create positive supports.

Safe and secure living environment	
Stable / supportive family or social network	
Education, skills or qualifications	
Employment / school attendance	
Future goals / aspirations	
Hobbies / interests	



**Additional information**

Has this referral been discussed with the person? If so were they receptive to the idea?

Are there any existing services or supports in place for this person?

How do you see the Engage Support Connect program supporting this person?

Additional information that may assist Engage Support Connect staff when determining suitability for the program:

Please email completed forms to [ESCReferrals@pfes.nt.gov.au](mailto:ESCReferrals@pfes.nt.gov.au)