**SGV Panel – Referral for Discussion Form**

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| --- | --- | --- | --- | --- |
| **Full Name** |  | | | |
| **Additional names/nicknames** |  | **Recent Image** |  | |
| **Address** |  | | | |
| **DOB** |  | **Resident in Havering** | | Y/N |

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| **Criteria** | | **Y/N** | **Evidence (Date – Details)**  *Evidence must be provided for each criteria or it will not be considered* |
| **C1: Weapon Possession** | *Blades* |  |  |
| *Firearms* |  |  |
| *Other* |  |  |
| **C2: Victim/ Perpetrator of stabbing/ GBH** | *Victim of stabbing/ GBH* |  |  |
| *Perpetrator of stabbing/ GBH* |  |  |
| **C3: Involved in group/ gang violent incident** | *Aggravated robbery/burglary* |  |  |
| *Group Violence* |  |  |
| **C4: On Gang Violence Matrix or similar** | *Gang Violence Matrix* |  |  |
| *Other* |  |  |
| **C5: Gang/ peer offender associations** | *Group offending/ ASB* |  |  |
| *Repeat associations* |  |  |
| **C6: County Lines or criminal exploitation** | *County Lines* |  |  |
| *CSE/ CCE Reports* |  |  |
| *Missing Episodes* |  |  |
| *Other* |  |  |
| **C7: Serious acquisitive crime** | *Burglary* |  |  |
| *Robbery* |  |  |
| *Theft of Motor Vehicle* |  |  |
| **C8: Evidence of Drug Supply** | *Offences* |  |  |
| *Paraphernalia: deal bags, scales, phones* |  |  |
| *Other* |  |  |
| **Current or historic orders/ notices** | *Custodial sentences* |  |  |
| *YOS/ Probation Orders* |  |  |
| *CBOs/ KCPOs, Dispersal notices* |  |  |

**Relationships and Associations**

Include any relevant associations, including ones for which you have partial information such as street names, etc.

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| **Family** | | | | | |
| **Name** |  | DOB |  | Relationship |  |
| Additional Detail |  | | | | |
| **Name** |  | DOB |  | Relationship |  |
| Additional Detail |  | | | | |
| **Name** |  | DOB |  | Relationship |  |
| Additional Detail |  | | | | |
| **Name** |  | DOB |  | Relationship |  |
| Additional Detail |  | | | | |
| **Other Family** |  | | | | |

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| **Associations** | | | | | |
| **Name** |  | DOB |  | Relationship |  |
| Additional Detail |  | | | | |
| **Name** |  | DOB |  | Relationship |  |
| Additional Detail |  | | | | |
| **Name** |  | DOB |  | Relationship |  |
| Additional Detail |  | | | | |
| **Name** |  | DOB |  | Relationship |  |
| Additional Detail |  | | | | |
| **Other Associations** |  | | | | |

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| **Additional Information** |  |

The SGV Lead and Crime Analyst will review referrals and provide a response within 14 days. Pending their review the referral may be taken forward to Serious Group Violence Panel, which occurs every four weeks.

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| **Referrer** |  |
| **Role** |  |
| **Date** |  |

**Glossary**

GBH - Grievous Bodily Harm

ASB - Anti Social Behaviour

CSE - Child Sexual Exploitation

CCE - Child Criminal Exploitation

YOS - Youth Offending Service

CBO - Criminal Behaviour Order

KCPO - Knife Crime Prevention Order

D.O.B - Date of Birth