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**North Somerset ASB Steering Group Referral Forms**

To submit a referral to the ASB Steering Group, please complete either the victim, offender or location form below.

This referral must be submitted no later than noon on a Tuesday, to be heard at the Thursday ASB Steering Group meeting later that week.

Once complete, please send to [asbreferrals@n-somerset.gov.uk](mailto:asbreferrals@n-somerset.gov.uk)

**Section 1**

**Your Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Agency** |  |
| **Position Held** |  |
| **Department** |  |
| **Email** |  |
| **Phone Number** |  |
| **Mobile Number** |  |

**PLEASE NOTE:**

If you submit a referral you or a representative from your organisation will be expected to attend the meeting.

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| **Can you or a colleague attend the next meeting to discuss your referral?**  ***Please note - if you cannot attend your referral may not be discussed.*** |
| YES/NO |
| **Are there any agencies you wish to invite to the meeting to discuss your referral?** |
| YES/NO (If yes, please provide details) |

**Victim Referral Form**

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| **Victim Referral** | |
| **Victim full name:** |  |
| **Victim DOB:** |  |
| **Victim address:** |  |
| **Landlord (if applicable):** |  |
| **Type of accommodation:** |  |
| **Others at address:** |  |
| **Please give an overview of the behaviour and actions of the individual in question in as much detail as possible, including associates:** |  |
| **Interventions known to date (by any agency):** |  |
| **Reason for referral:** |  |

**Offender Referral Form**

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| **Offender Referral** | |
| **Offender full name:** |  |
| **Offender DOB:** |  |
| **Address:** |  |
| **Landlord (if applicable):** |  |
| **Type of accommodation:** |  |
| **Others at address:** |  |
| **Please give an overview of the behaviour and actions of the individual in question in as much detail as possible, including associates:** |  |
| **Interventions known to date (by any agency):** |  |
| **Reason for referral:** |  |

**Location Referral form**

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| **Location Referral** | |
| **Location name:** |  |
| **Type of location:** |  |
| **Address:** |  |
| **Individuals involved:** |  |
| **Please give an overview in as much detail as possible of the anti-social behaviour related to this location:** |  |
| **Known actions taken to date (by any agency):** |  |
| **Reason for referral:** |  |