



## **LUTON MULTI-AGENCY GANG PANEL (MAGPAN)**

### **Initial Information Referral**

**Referring Agency:**

**Agency Contact Details:**

**Name of person being referred: -**

**DoB:           Age:**

**Home Address:**

**Ethnicity (if known):**

**Education/Employment status:**

**Is this person (or parents) aware that you have referred them?**

**Names of others known to be resident in the household:**

**Brief description of the issues and reasons you are concerned:**

**Have you made any other form of referral, if so, what and what were the outcomes?**

**What mitigating actions have you taken and how successful were they?**

Completed forms should be sent via SECURE EMAIL to:

*Referrals re under 18s:* Luton Youth Offending Service at [YOS@luton.gcsx.gov.uk](mailto:YOS@luton.gcsx.gov.uk) Tel: 01582 547900

*Referrals re 18 years and over:* Luton Youth Offending Service at [YOS@luton.gcsx.gov.uk](mailto:YOS@luton.gcsx.gov.uk) Tel: 01582 547900