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| **Referral form and Risk Profile**To be completed by Probation Practitioner or referring agency as appropriate.Non-probation referring agencies must obtain consent from the Probation Practitioner prior to the referral being submitted. ***ELIGIBILITY:******Resident in the UK with permission to work documentation as appropriate******Unemployed or economically inactive*** ***Over 18 years of age*** ***Serving a community sentence or be under supervision on licence*** ***Participation at Activity Hubs is voluntary*** **Participant has agreed to the referral: Yes** [ ]  **No** [ ]  |

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| Name of referrer / organisation / contact number / email address |  |
| Name of Participant  |  | Contact Details |  |

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| **CRN No.**  |  |
| **Risk of Serious Harm Level** | Low |[ ]  Medium |[ ]  High |[ ]  Very High |[ ]
| **Risk Tier**  | Tier 1 |[ ]  Tier 2 |[ ]  Tier 3 |[ ]  Tier 4 |[ ]
| Please detail any activities recommend for completion in the hub |  |
| **Current Offence/s** |  |
| **Risk Code*****(please provide more info in ‘known risk plans’ section)***  | **Low** | **Medium** | **High** | **Further Information (criminogenic needs)*****Please tick all that are relevant***  |
| **Risk to Self** |[ ] [ ] [ ]  Accommodation |[ ]  Emotional wellbeing |[ ]
| **Risk to Children** |[ ] [ ] [ ]  ETE |[ ]  Thinking & behaviour |[ ]
| **Risk to Public** |[ ] [ ] [ ]  Finance |[ ]  Attitudes  |[ ]
| **Risk to Known Adults / Males / Females** |[ ] [ ] [ ]  Relationships |[ ]  Health  |[ ]
| **Risk to Staff** |[ ] [ ] [ ]  Lifestyle & Associates |[ ]  Disabilities |[ ]
| **Risk to Other Prisoners (in Custody)** |[ ] [ ] [ ]  Drug Misuse  |[ ]  Learning Disabilities |[ ]
|  |  |  |  | Alcohol Misuse  |[ ]  Other soft skills |[ ]
| **Known Risk Plans:** (information to assist in overall assessment e.g. MAPPA, MARAC etc.)  | **Priority Group**[ ]  50+ [ ]  BAME [ ]  Women[ ]  Veteran [ ]  Disability [ ]  IOM  |
| **Other risk areas** | **Yes** | **No** | **Further Information (if ticked yes please add detail)** |
| **Risk of Violence** |[ ] [ ]   |
| **Disqualified from Driving** |[ ] [ ]   |
| **Domestic Violence** |[ ] [ ]   |
| **Substance Misuse (Drugs, Alcohol)** |[ ] [ ]   |
| **Restrictions e.g. areas, schools/colleges/internet** |[ ] [ ]   |
| **Mental Health Concerns** |[ ] [ ]   |
| **Please specify any previous significant convictions** |  | N/A [ ]  |
| **Known restrictions on release?** |  | N/A [ ]  |
| **What triggers would increase risk?** |  |

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|   | **This section to be completed by non-probation referring agencies only** |
| CATS+ No. (if known) |  |
| Please detail the work already completed with the participant  |  |
| Consent gained from the Probation PractitionerYes [ ]  No [ ]  | Participant has agreed to the referralYes [ ]  No [ ]  |
| **NB.** Please ensure that the probation practitioner is consulted and the participant has agreed to attend, or this referral will not be accepted. |

**I agree to make the Activity Hub Support Worker aware of any changes to this participant’s risk**

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| **Signed**  |  | **Date of Referral**  |  |
| **Local Hub**  |  | **Date Received**  |  |

All referrals must be sent to our secure email account: leeds@yorkshireactivityhubs.cjsm.net