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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 Practitioner  Yes  No | | Participant has agreed to the referral  Yes  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