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| **Referral and Risk Profile form**To be completed by Probation Practitioner***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** [ ]  |
| **Name of Referrer****Organisation****Contact Number/ Email Address**  |  |

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| **Participant Details** |
| Name: |  | Address: |  |
| CRN No: |  |
| D.O.B: |  | Postcode: |  |
| Tel No: |  | Supervision end date: |  |

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| **Current Offence/s** |  |
| **Sentence Requirement****(please state)**  | Community/SSO Order [ ]  length \_\_\_\_\_\_ Licence [ ]  length \_\_\_\_\_ |
| UPW [ ]  Total hours \_\_\_ Remaining hours \_\_\_\_ | Accredited Prog. [ ]  Please specify ­­­\_\_\_\_\_\_\_\_\_\_\_ |
| Restorative Justice [ ]   | ATR [ ]  DRR [ ]   | RAR [ ]  No. Days \_\_\_\_ |
|  |
| ***Risks*** | **Low** | **Medium** | **High** | **Very High** | **Please provide details of specific risk factors (e.g. details of restrictions, mental health concerns, known triggers)** |
| Risk to Children | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Risk to Public | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Risk to Known Adults  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Risk to Staff | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Risk to other prisoners  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Risk to Self | [ ]  **Yes** | [ ]  **No** |  |
| Risk of Violence | [ ]  **Yes** | [ ]  **No** |  |
| Domestic Violence | [ ]  **Yes** | [ ]  **No** |  |
| Restrictions/Exclusions | [ ]  **Yes** | [ ]  **No** |  |
| **Details of Risk Management plans** *(information to assist in overall assessment e.g. MAPPA, MARAC etc.)* |   |
| **Does the participant fall into any of the following categories?** | 50+ [ ]  | BAME [ ]  | Women [ ]  | Veteran [ ]  | Disability [ ]  | IOM [ ]  |
| **Other Risk Areas: please use this section to detail any other risk areas not covered in the sections above. (e.g. previous convictions, driving bans, restraining orders)** |
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| **Criminogenic Needs**  |
| [ ]  Accommodation | [ ]  Lifestyle and Associates | [ ]  Attitudes |
| [ ]  Education, Training, and Employment | [ ]  Substance misuse | [ ]  Finance |
| [ ]  Health | [ ]  Alcohol misuse | [ ]  Emotional Wellbeing |
| [ ]  Relationships | [ ]  Thinking and Behaviour | [ ]  Offending Behaviour |
| **Please detail any specific interventions recommended for completion in the Activity Hub.** |
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**I agree to make the Activity Hub Support Worker aware of any changes to this participant’s risk**

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| **Signed (Probation Practitioner)** |  | **Date of Referral**  |  |
| **Local Hub signature** |  | **Date Received**  |  |

All referrals must be sent to the secure email to:

leeds@yorkshireactivityhubs.cjsm.net