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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.** | | | |
|  | | | |

**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](mailto:leeds@yorkshireactivityhubs.cjsm.net)