

CORE MEMBER REFERRAL FORM

To enable us to assess the suitability of the proposed Core Member for a Circle, and select suitable volunteers, please complete this form as fully as possible and return with any relevant documentation to:

E-mail info@bestcityservices.co.uk

**Please read the following instructions before completing the form:**

1. Please attach as much supporting documentation as possible to assist in the evaluation process.
2. Please ensure the CM has signed the Consent Form.

**Referring Project or Agency**

|  |  |
| --- | --- |
| **Name of Project or Agency****Date of Referral****Name of Referrer****Position****Address****Telephone****E-mail** |  |

**Proposed Core Member Personal Details**

|  |  |
| --- | --- |
| **Name of Proposed CM** |  |
| **Date of Birth** |  |
| **Nationality – (White British etc...)** |  |
| **Prison Number** |  |
| **PNC Number** |  |
| **Religion** |  |
| **Sexuality** |  |

**Referral Status**

|  |  |  |
| --- | --- | --- |
| **Status** | **Yes /No** | **Details** (e.g. start & end date, conditions etc.) |
| **Remand** |  |  |
| **License** |  |  |
| **CRO** |  |  |
| **SHPO** |  |  |
| **Sex Offender Registration** |  |  |
| **Subject to MAPPA** (if yes specify level)  |  |  |
| **ROSHO** |  |  |
| **RM2000 Risk Category** |  |  |
| **Other** (please specify) |  |  |

**Offence History**

|  |  |
| --- | --- |
| **Details of Current / Previous Convictions**(please include dates, offence, court, and sentence) |  |
| **Known Victim Target Group** |  |
| **Sex / Age Range** |  |
| **Relationship of victim(s) to CM** |  |
| **Is the victim (survivor) still living in the locality?** |  |

**Treatment Programmes**

|  |  |  |
| --- | --- | --- |
| **Programme** | **Location** | **Date** |
|  |  |  |

**Personal Circumstances (Support)**

|  |  |
| --- | --- |
| **Where will the CM live?**(Please specify AP, hostel, home etc.) |  |
| **If the current residence is an AP or hostel what follow on arrangements have been made?** |  |
| **Marital Status** |  |
| **Children** (please state details of CMs contact)  |  |
| **Other Support Agencies**(details of any community agencies, faith groups etc. who would support the CM) |  |

**Personal Circumstances (Other)**

|  |  |
| --- | --- |
| **Does the CM have a learning disability?**  |  |
| **Does the CM have any mental health issues?**  |  |
| **Does the CM have a problem with substance misuse?** |  |
| **Is the CM disabled or have any mobility issues?**  |  |
| **Any other special needs?** |  |

**Agencies**

**Please give a contact, address, telephone number and e-mail.**

|  |  |
| --- | --- |
| **MAPPA Contact** |  |
| **If in prison- Offender Supervisor** |  |
| **Offender Manager** |  |
| **MOSOVO Officer** |  |
| **Sex Offender Registration Police Station** |  |
| **Social Care / Health care Professional** |  |
| **Solicitor** |  |

**Suitability**

|  |  |
| --- | --- |
| **Why do you think the CM would benefit from a Circle?** |  |
| **Is the CM willing to take part in a Circle?** |  |
| **Does the CM give permission for his records, including Psychology reports, to be accessed for the purpose of setting up the circle?****(Sign and date please)** |  |
| **History of harm to staff or volunteers?** |  |

**Documents Attached**

|  |  |
| --- | --- |
| **Report** | **Yes/ No** |
| Pre-sentence report  |  |
| Psychologists report |  |
| Psychiatric report |  |
| SARNR |  |
| Prison treatment feedback report |  |
| SHPO |  |
| License Conditions |  |
| OASys  |  |
| Other |  |