Safer Living Foundation

The Corbett Centre: Service User referral form

To enable us to assess the suitability of the proposed service user, please complete this form as fully as possible and return to:david.potter@ntu.ac.uk

Please treat this document as ‘Official – Sensitive’

Please mark any emails ‘Official – Sensitive’ when returning the referral.

**Proposed Service User (SU) Personal Details**

|  |  |
| --- | --- |
| **Name of Proposed SU** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Date of Release** |  |
| **SU Contact Number** |  |

**Referring Agency**

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

**Referral Status**

|  |  |  |
| --- | --- | --- |
| **Status** | **Yes /No** | **Details** (E.g. start & end date, conditions etc.) |
| **On Remand** |  |  |
| **License** |  |  |
| **CRO** |  |  |
| **SHPO** |  |  |
| **Sex Offender Registration** |  |  |
| **Subject to MAPPA** (if yes specify level)  |  |  |

**Offence History**

|  |  |
| --- | --- |
| **Details of Current / Previous Convictions**(please include dates, offence, court, and sentence) |  |

**Personal Circumstances (Support)**

|  |  |
| --- | --- |
| **Where does the proposed SU live?**(Please specify AP, hostel, home etc.) |  |
| **Other Support Agencies**(details of any community agencies, faith groups etc. who would support the CM) |  |

**Personal Circumstances (Other)**

|  |  |
| --- | --- |
| **Does the proposed SU have a learning disability?**  |  |
| **Does the proposed SU have any mental health issues?**  |  |
| **Does the proposed SU have a problem with substance misuse?** |  |
| **Is the proposed SU disabled or have any mobility issues?**  |  |
| **Does the proposed SU have any self-harm or suicidal tendencies?** |  |
| **Any other special requirements?** |  |

**Agencies**

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

|  |  |
| --- | --- |
| **Offender Manager** |  |
| **MOSOVO Officer** |  |
| **MAPPA Contact** |  |
| **Social Care / Health care Professional** |  |

**Suitability**

|  |  |
| --- | --- |
| **Why do you think the proposed SU would benefit from attending the Corbett Centre?** |  |
| **What activities does the proposed SU feel they would benefit from, or what activities would he/she like to do at the Corbett Centre.** |  |
| **Is the proposed SU willing to abide by the conditions of entry?** |  |
| **Does the proposed SU give permission for his/her records, including Psychology reports, to be accessed for the purpose of assessing suitability to attend the Corbett Centre.****Does the proposed SU give permission for Corbett centre staff to make telephone contact?****(Sign and date please)** |  |
| **Any history of harm to staff or volunteers?** |  |
| **Are there any specific individuals (excluding victims) the SU is prohibited from having contact with?** |  |
| **Do you have any concerns about the proposed SU’s attendance at the Corbett Centre?** |  |
| **Passed risk assessment to attend by CC manager?** | Yes / No |