

# CARING FOR EX-OFFENDERS

Reintegrating individuals into the community

## EX-OFFENDER REFERRAL FORM

This should be completed by the ex-offender. If you need assistance filling in the form, contact your chaplaincy.

Please complete in BLOCK CAPITALS

If you are under 18 or on remand, please contact the office and we will send you a different form to fill in.

**On completion please return to: Caring for Ex-Offenders, Social Transformation, Holy Trinity Brompton, Brompton Road, London, SW7 1JA**

### General information

Full name: \_\_\_\_\_

Known as: \_\_\_\_\_

Gender (please tick): Male

Female

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Area you are going on release: \_\_\_\_\_

### Sentence information

Prison: \_\_\_\_\_

Prison address: \_\_\_\_\_  
\_\_\_\_\_

Prison number: \_\_\_\_\_

Release date: \_\_\_\_\_ Parole board meeting date: \_\_\_\_\_

Length of current sentence: \_\_\_\_\_

### Probation

Please provide details of your probation officer outside prison. If you do not have a probation officer outside prison, please give details of the probation officer in prison.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact number/email: \_\_\_\_\_

**Offence**

Current conviction(s):

.....  
.....  
.....

Is this your first conviction?

Yes

No

Previous convictions that have not been spent:

.....  
.....  
.....

License conditions attached to your conviction:

.....  
.....  
.....  
.....

(If applicable) License conditions' expiry date:

.....

**Accommodation**

Do you have accommodation on release from prison?

Yes

No

Kind of accommodation:

*For example hostel,  
family, friend etc.*

.....

Address:

.....  
.....

Phone number:

.....

Length of stay at accommodation:

.....

Connection to this area:

.....

In case we are unable to contact you on the number/address above, please provide a name and number of somebody we could call to reach you. For example a friend, family member, social worker.

Name:

.....

Contact number:

.....

Your relationship to this person:

.....

**Addictions**

Do you have any past/present addiction issues?  
*Eg. Alcohol, drugs, gambling etc.*

Yes

No

What the addiction is/was:  
*Please state if you are in recovery*

.....  
.....

How you are managing/managed it:

.....  
.....

**Health**

Do you have any past/present diagnosed mental health issues?

Yes

No

Any details:

.....  
.....

How you are managing your condition:  
*Include professional help you are receiving*

.....  
.....

Do you have any learning difficulties?

Yes

No

Any details:

.....  
.....

Do you have any physical disability, or cultural or gender specific needs which need to be considered?

Yes

No

Any details:

.....  
.....

**Faith**

Faith/Religion (if any):

.....  
.....

Experience of Christianity (if any):

.....  
.....

Preferences for denomination/style of worship:

.....

**Expectations of support**

Please indicate what help you expect/need from the church community that you will be linked to

Friendship	<input type="checkbox"/>	Help with finding employment	<input type="checkbox"/>
Mentoring	<input type="checkbox"/>	Meeting at the gate	<input type="checkbox"/>
Help with finding education/training	<input type="checkbox"/>	Help in finding accommodation	<input type="checkbox"/>
Prison visiting	<input type="checkbox"/>	Help with your faith	<input type="checkbox"/>
Basic needs <i>Eg. Food, clothing etc.</i>	<input type="checkbox"/>	Any details: _____	

Other: \_\_\_\_\_

**Other**

Any other information that you would like to give to help CFEO match you with the most appropriate church:

\_\_\_\_\_

Have you completed an Alpha course in prison? Yes  No

To assist us in our monitoring, please underline one selection below to indicate your ethnic group:

- A. White
- B. Black of Black British
- C. Asian or Asian British
- D. Chinese
- E. Mixed
- F. Other Ethnic background
- G. Information refused

**\* IMPORTANT \* Disclosure**

**I confirm that to my knowledge the information I have provided is correct at the time of completion.**

**I agree that:**

- **the CFEO office can forward this form onto the prison chaplain, resettlement officer, my probation officer and the contact at the church/organisation to which I may be linked;**
- **the CFEO church/organisation can be in contact with my chaplain, resettlement officer and probation officer in order to decide how best to support me;**
- **my chaplain, resettlement officer and my probation officer can disclose any information they consider necessary to complete the risk assessment, including a copy of my offender assessment system record if appropriate;**
- **the form and the chaplain's and probation officer's forms will be forwarded to the church/organisation which will support me**

**Signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_