

# CARING FOR EX-OFFENDERS

Reintegrating individuals into the community

## CHAPLAIN'S RISK ASSESSMENT

Please check the ex-offenders referral form first, confirming that the information they have submitted is complete and correct. They should also have signed the information disclosure on the back page, releasing you to communicate the details requested in this form.

Please complete the form in BLOCK CAPITALS

The risk assessment should be returned to: **Caring for Ex-Offenders, Social Transformation, Holy Trinity Brompton, Brompton Road, London, SW7 1JA // [info@caringforexoffenders.org](mailto:info@caringforexoffenders.org) // (fax) 020 7584 8536**

If you have any questions please email, or call us on **020 7052 0332**

### Your details

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

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

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

### Ex-offender's details

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

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

Current conviction: \_\_\_\_\_

\_\_\_\_\_

Previous convictions which are not spent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any license conditions attached to conviction  
*If applicable* \_\_\_\_\_

\_\_\_\_\_

(If any) Expiry date of license conditions \_\_\_\_\_

**Risk assessment**

MAPPA rating of the ex-offender on release \_\_\_\_\_  
*If applicable*

Has he/she been interviewed by police for other offences whilst in prison? If so, please give details  
\_\_\_\_\_

Is there any history of high risk, violent or sexually-related offences in his/her record? Please give details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any reasons why he/she may not be allowed to be around children or other vulnerable groups?  
\_\_\_\_\_  
\_\_\_\_\_

Is he/she considered as a vulnerable adult? \_\_\_\_\_

**Characteristics**

Any positive characteristics of the inmate/ gifts they have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What the inmate is struggling with most in your opinion: \_\_\_\_\_  
*For example anger management, addiction, anxiety etc.*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Addictions**

Does he/she have any past/present addiction issues? If so, please provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How they are managing these: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health**

Does he/she have any past/present diagnosed mental health issues? If so, please provide details

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How they are managing these/ any profession help they are receiving:

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**Needs**

Any other needs you are aware of:

*Learning disabilities etc.*

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**Faith**

Any notes on faith the individual has expressed:

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**Other**

Any support that you know of, that will be available to the ex-offender upon release:

*For example family, friends, other orgs etc.*

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Any other information that might help up match him/her to the most appropriate church:

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**\*Disclosure\***

I agree that this information will be forwarded to the church the ex-offender is linked with, to assist them in meeting the needs of the ex-offender.

Print name

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Signature

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Date

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