

CARING FOR EX-OFFENDERS

Reintegrating individuals into the community

RISK ASSESSMENT BY PROBATION

This form is for completion by the ex-offender's probation officer.

Please check the ex-offender's 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 // (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

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

His/her attitude to the offence: _____
If known

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

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

Needs

Any other needs you are aware of:

Learning disabilities etc.

Other

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

For example family, friends, other orgs etc.

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

Additional notes:

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

Signature

Date
