

## BRIDGE PROGRAMME APPLICATION FORM

Through the 6-month Bridge Programme, we provide a safe space to explore the Christian faith and connect into church communities where you are seen, known and loved. We will support you in your faith journey, walking side-by-side and focusing on Jesus. We will meet weekly for our Bridge Group (community) and 1-2-1 coaching sessions (individual). We will help connect you with other teams and/ or organisations which are of interest to you.

Please note that we are currently <u>not</u> able to provide accommodation or employment for you, but we can help you by going to meetings with you, research and contact local services, and help you to fill in relevant forms.

This application form must be completed by the person wanting to join the Bridge Programme. If you need help filling in the form, please contact your chaplaincy. If you are interested, we look forward to meeting you!

Section 1	
· · · · · · · · · · · · · · · · · · ·	nd to ensure safety first for all, please complete this section including time served. The release date will enable us to arrange a Gate Meet.
Name:	Date of Birth:
Gender: Male □ Female □ Prefer	not to say □
Prison:	Prison Number:
Are you on: Remand  Recall  S	Sentenced □
Sentence length:	Length of time served in prison:
Release Date:	
Section 2	
	risk assessments, please complete the following section providing tion(s) and any previous conviction(s).
Please provide details of your <b>Probat</b>	ion Officer □ or Offender Manager □ (Please select relevant box)
Full name:	Probation Office:
Contact Details (e.g. email, phone nu	mber):
Your current conviction(s):	
Any previous conviction(s):	
Section 3	
	ortant part of the Bridge Programme. Please complete this section to any programme related items such as your welcome pack.
Area where you will be released:	
Do you have accommodation on release	ase from prison? Yes \( \simega \) No \( \simega \)
Type of accommodation (e.g. hostel,	family):



Address:	House number:	
	Street name:	
	City/Town:	
	Postcode	
How long w	ill you be living at this address?	
Phone num	ber:	
Email addre	9SS:	
Section 4		
·	Programme is for those who want to grow in their faith, character and be connected with	
•	ur 1-2-1 coaching sessions will include discussions around what you would like to achieve.	
Are you inve	olved in chaplaincy? Yes 🗆 No 🗆	
Have you co	ompleted an Alpha Course? Yes □ No □	
Are you inte	Are you interested in exploring the Christian faith and connecting with church communities? Yes \( \Delta \) No \( \Delta \)	
What would	you like to achieve through the Bridge Programme?	
Ocation 5		
Section 5		
	plete this section to enable us to provide the most appropriate support, if relevant and required.	
Do you have	e any addictions? Yes   No If yes, please give details:	
	o any diagnosad mental health issues? Ves □ Ne □ If you please give detaile:	
Do you nav	e any diagnosed mental health issues? Yes   No If yes, please give details:	
Do you nav	e any learning difficulties? Yes  No If yes, please give details:	
Section 6		
By complete	ing this section, you are helping us to understand how applicants hear about CFPL.	
How did you	u hear about CFPL? (Please select relevant box)	
Chaplaincy	√ □ Support worker □ Alpha Volunteer □ Family/Friend □ Other inmate □	
CFPL team	Other ☐ If 'other', please give details if possible:	



## Section 7 Diversity and inclusion is important to us. To help us with our internal monitoring, please select **one** box below that best describes your ethnic group or background. White ☐ Black or Black British ☐ Asian or Asian British ☐ Mixed Race ☐ **Prefer not to say** □ **Other** □ If 'other', please give details if possible: ...... Note: Gate meet Where possible, the CFPL team will arrange to meet you at the gate on release. Do you request a Gate Meet? Yes □ No □ DISCLOSURE You must complete this section to progress your application. I ....., confirm to my knowledge that the information I have provided is correct at the time of completion. I....., agree that: • The CFPL team can forward this application form and contact the Prison Chaplain, Support Worker, Probation Officer and the church with which I may be connected to decide how best to support me. My Prison Chaplain, Support Worker and 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 CFPL team can pass my details onto relevant organisations to support me to get the help I need. We will speak with you first before sharing your data. Signature: ..... Print Name: Date: ..... Holy Trinity Brompton (HTB) is the controller of your data and processes your data in line with its Privacy Policy which you can view via this web address: www.htb.org/privacy-policy

Please send this completed application form to:

Caring for Prison Leavers (CFPL)
Holy Trinity Brompton
Brompton Road
London
SW7 1JA

**CFPL** contact details:

hello@caringforprisonleavers.org

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