

BRIDGE PROGRAMME CHAPLAIN'S ASSESSMENT

Through the 6-month Bridge Programme, we support people leaving prison to explore and grow in their Christian faith and connect into church communities. Participants will be invited to attend a weekly Bridge Group (community) and 1-2-1 coaching sessions (individual) with a Christian coach. We will help connect participants with other teams and/ or organisations which are of interest to them.

Please note that we are <u>not</u> currently able to provide accommodation or employment. We will signpost where we can.

If completed by hand, please complete this form in BLOCK CAPITALS. Your Chaplain's Assessment form will not be shown to the individual. Once completed, please send this form to: Caring for Prison Leavers (CFPL), Holy Trinity Brompton, Brompton Road, London, SW7 1JA // hello@caringforprisonleavers.org

Please do contact us if you have any questions either by email (shown above) or by phone on 020 7052 0332.

Section 1: Your Details

Please provide your details to enable future communication relating to the individual's application to the Bridge Programme, where required.

Full name:
Job Title:
Prison:
Contact number:
Email address:

Section 2: Applicant's Details

Please complete this section to confirm applicant details and enable us to arrange a Gate Meet where possible.

Full name:	
Prison number:	Release date:

Section 3: Faith and Character

The Bridge Programme is for those who want to grow in their faith, character and be connected with church. Please complete this section to help us with our joining process.

Does the individual regularly attend chapel? Yes \Box No \Box

In your opinion, is this individual committed to growing in their Christian faith? Yes D No D

In your opinion, is the individ	ual trustworthy? Yes] No □ If no, please	e provide further de	tails without
identifying another individual	•			

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Section 4: Support Needs

Please complete this section to enable us to provide the most appropriate support for the applicant.

In your opinion, is the individual struggling with anything? Yes □ No □ If yes, please provide further details: Does the individual have any other needs you are aware of (e.g. addictions, mental health issues, learning difficulties etc)? Yes □ No □ If yes, please provide details (including how they are managing these and if they are receiving professional help): Will the individual have any support in place upon release (e.g. family, friends, other organisations)? Yes □ No □ If yes, please provide further details:

<u>Note</u>: We have requested a full Risk Assessment from the applicant's Probation Officer/ Support Worker. This Chaplain's Assessment is to make us aware of relevant information when arranging support for the individual.

DISCLOSURE

Please ensure this section is completed so CFPL can progress the application of the individual.

I agree that this information can be used by CFPL to arrange appropriate support for the individual identified at the top of this Chaplain's Assessment form.

Signature:

Print name:

Date:

Holy Trinity Brompton (HTB) is the controller of your data and processes your data in line with its <u>Privacy</u> <u>Policy</u> which you can view via this web address: <u>www.htb.org/privacy-policy</u>

Please send this completed form to:

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

CFPL contact details:

hello@caringforprisonleavers.org

0207 052 0332