**BRIDGE PROGRAMME RISK 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 not currently able to provide accommodation or employment. We will signpost where we can.**

If completed by hand, please complete this form in BLOCK CAPITALS. Once completed, please send this form to: **Caring for Prison Leavers (CFPL), Holy Trinity Brompton, Brompton Road, London, SW7 1JA //** [**hello@caringforprisonleavers.org**](mailto: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: Click or tap here to enter text. Job Title: Click or tap here to enter text.

Prison: Click or tap here to enter text. Contact number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

**Section 2: Applicant’s Details**

*Please complete this section to confirm applicant details, to enable us to arrange a Gate Meet where possible and ensure CFPL does not impact licence condition(s).*

Full name: Click or tap here to enter text. Prison number: Click or tap here to enter text.

Release date: Click or tap here to enter text. Parole Board meeting date, *if applicable*: Click or tap here to enter text.

Current conviction(s): Click or tap here to enter text.

Previous conviction(s): Click or tap here to enter text.

Additional sentence details, *if applicable*: Click or tap here to enter text.

Licence condition(s), *if applicable*: Click or tap here to enter text.

Expiry date of licence condition(s), *if applicable*: Click or tap here to enter text.

**Section 3: Offending background**

*To enable us to put appropriate safeguarding measures in place, please complete this section.*

MAPPA rating of the individual on release, *if applicable*: **Level 1  Level 2  Level 3**

Does this individual have a history of: violent offences? **Yes  No** sexual offences? **Yes  No**

If yes to either of these, please provide further details: Click or tap here to enter text.

Is this individual considered **high risk** for any other reason(s) not stated above? **Yes  No** If yes, please provide further details without identifying other individuals: Click or tap here to enter text.

Is this individual restricted from being around children and/ or other vulnerable groups? **Yes  No** If yes, please provide further details without identifying other individuals: Click or tap here to enter text.

**Section 4: Support Needs**

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

Is this individual struggling with any of the following?

|  |  |  |
| --- | --- | --- |
| **Addiction** | **Debt** | **Mental Health** |
| **Anger Management** | **Family Relationships** | **Resettlement Issues** |
| **Anxiety** | **Learning Disabilities** | **Other** |

If yes to any of these, how are they being managed? Is this individual receiving professional help? Please provide further details: Click or tap here to enter text.

In your opinion, what is this individual’s attitude towards the offence/ imprisonment? Click or tap here to enter text.

To your knowledge, will this individual have any support available on release (e.g. family, friends, other organisations)? Click or tap here to enter text.

# DISCLOSURE

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

I,Click or tap here to enter text. , agree that this information can be used by CFPL to arrange appropriate support for the individual identified at the top of this Risk Assessment form.

**Signature**: Click or tap here to enter text. ­­­­­­­­­

**Print Name**: Click or tap here to enter text.

**Date**: Click or tap here to enter text.

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](http://www.htb.org/privacy-policy)

**CFPL contact details:**

[**hello@caringforprisonleavers.org**](mailto:hello@caringforprisonleavers.org)

**0207 052 0332**

**Please send this completed form to:**

**Caring for Prison Leavers (CFPL)**

**Holy Trinity Brompton**

**Brompton Road**

**London**

**SW7 1JA**