**CHAPLAIN’S ASSESSMENT**

INSERT INFORMATION ABOUT YOUR CHURCH/ORGANISATION AND WHAT SUPPORT IS AVAILABLE TO THE INVIDIVIDUAL

Please complete this form in BLOCK CAPITALS. This form will not be shown to the individual.

INSERT CONTACT DETAILS FOR YOUR ORGANISATION HERE

**Your details**

Full name:

Job title: Prison:

Phone number: Email address:

**Individual’s** **details**

Full name: Prison number:

Release date:

Current conviction(s):

***We have requested a full Risk Assessment from the individual’s support worker. This assessment is to make us aware of relevant information when arranging support for the individual. EDIT AS APPROPRIATE***

**Support needs**

In your opinion, what is the individual struggling with?

Does the individual have any other needs you are aware of? Yes No

(*addictions, mental health issues, learning difficulties etc*)

Please provide details. How are they managing these? Are they receiving professional help?

Does the individual regularly attend chapel?

In your opinion, where is the individual at with their faith?

Is the individual trusted?

What are their strengths?

What areas of their character may pose a challenge to a mentor?

Are they considered as a vulnerable adult? Yes No

If ‘yes’, please give further details:

Will the ex-offender have any support available on release (family, friends, other organisations etc)?

Is there any other information that would help us to match the individual with an appropriate support team?

**DISCLOSURE**

***I agree that this information can be used by INSERT CHURCH/ORGANISATION NAME HERE to arrange appropriate support for the individual identified at the top of this form.***

Print name

Signature

Date