**RISK 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: Parole board meeting date *(if applicable)*:

Current conviction(s):

Previous conviction(s):

Additional sentence details *(if applicable)*:

Licence condition(s) *(if applicable)*:

Expiry date of licence condition(s) *(if applicable)*:

**Offending background**

MAPPA rating of the ex-offender on release *(if applicable) Level 1 Level 2 Level 3*

Yes No

Yes No

Is there a history of: violent offences? sexual offences?

If ‘yes’, please give further details:

Is the individual considered ‘high risk’ for any other reason not mentioned above?

Are they restricted from being around children/other vulnerable groups? Yes No

If ‘yes’, please give further details:

Are they considered as a vulnerable adult? Yes No

If ‘yes’, please give further details:

**Support needs**

Is the individual struggling with any of the below?

Debt Addiction Anger Management

Mental Health Anxiety Resettlement Issues

Family Relationships Learning Other

Disabilities

Please give further details. How are these being managed? Are they receiving professional help?

What is the individual’s attitude towards the offence/imprisonment?

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

Is there any other information that you think we should be aware of?

**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