

Black & Asian Offenders Service

In Partnership with National Probation Service in Greater Manchester

CLIENT:

Surname:

First Name:

D.O.B.

RIC/Bail/Type of Order:

Gender:

Religion:

Ethnic Origin:

Address:

Tel. No.

OFFICER:

Referring Officer:

Officer Address:

Office Tel. No:

Date of Referral:

ARE THERE ANY PREVIOUS CONVICTIONS: YES/NO

**IF YES A PRINT OUT OF POLICE PREVIOUS CONVICTIONS MUST
ACCOMPANY THIS REFERRAL FORM OR NOTED BELOW:**

CURRENT OFFENCE:

Offence/s

1.
2.
3.
4.

Circumstances:

Co-Defendants:

16 YEAR OLD REFERRALS:

School attending:

Date Left School:

Has the referral been discussed with parents? YES/NO

Do they consent? YES/NO

Any relevant considerations or comments:

CHILD PROTECTION:

Is there a history of child abuse:

1) As a perpetrator

2) Within the Family

ARE THERE ANY MEMBERS OF THE FAMILY ON THE C.P. REGISTER YES/NO

IF YES GIVE NAME OF KEYWORKER

Tel. No.

Are there any factors which might indicate a danger of child abuse.

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.....
If insufficient room, please complete details on a separate sheet.

HEALTH

Is the offender Registered Disabled? YES/NO

DRUG USE: NONE: EXPERIMENTAL: RECREATIONAL: CHAOTIC: PRESCRIBED:

Type of Drug:

Source of your information:

ALCOHOL USE: NONE: HEAVY DRINKER: HEAVY WEEKEND DRINKER:
BOUT DRINKER: DEPENDENCY: SOCIAL:

Source of Your information:

FAMILY/HOME SITUATION:

(Making reference to stability of address, age and gender of dependants and presence of other carers)

ADDITIONAL INFORMATION

To assist the application:

What will your main recommendation be (if applicable):

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Are there other pending court appearances for other offences? YES/NO?

Offence/s	Court	Date	Plea
.....
.....

Is the client subject to current Probation Service supervision? YES/NO

Please give details:

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Is there any potential risk to staff/beneficiaries/clients? YES/NO

Please give details:

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.....

Are there any other agencies/relevant persons involved with the client? YES/NO

Please give details:

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TO BE COMPLETED BY THE PROJECT STAFF:

Date/ time received:

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ACCEPTED: YES/NO.

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Suggested No. of Hours of Intervention:

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