|  |  |
| --- | --- |
| **1 Personal Details** | **2 Prison: CV/Edinburgh/Grampian/Greenock/Polmont** |
| Name | S No: | Prisoner Number: |
| National Insurance Number | **RIC** | Court dates |
| Address & contact details on release | **Sentenced** |
| Court: Offence:Sentence:EDL HDCQDConsideration of P(CoR)(S)Act |
| Phone Numbers: | TSO |
| HOMELESS | Lives alone |  |
| Lives with | LAAC  |

|  |
| --- |
| **3 Personal Details continued -**  please circle |
| **Date of Birth** |  | **Age** |  |
| **Ethnicity** | **White – Scottish / British / Other – Black – British / Caribbean / African / Other****Bangladeshi / Indian / Pakistani / Chinese / Other Asian** **Other Mixed / Other / Not Known / Not Given** |
| **Nationality** | **Immigration Issues** |

|  |
| --- |
| **4 Needs / Disabilities for which you require additional Support** |
|  |

|  |
| --- |
| **5 Current or recent contact with:**  |
| **Social Work**C&FCJSW | **Health**GPCMHT / CPNAddiction Service | **Court**Outstanding FinesY / N  |
| Defence Agent |
| Previous contact with Shine Y / N - Mentor |

|  |
| --- |
| **6 Specific issues – risk and priority needs** |
| AccommodationBenefits Debt / FinesDrugsAlcoholMental health issues treatment / medicationPhysical health issues treatment / medicationHistory of Self harm Y/NPregnant Y/NKnown Domestic Abuse |  |

|  |
| --- |
| **7 Details of child(ren)** current carer arrangements and whether mum has or plans to have contact  |
| Name | age | With mum | Lives with / contact arrangements in place / pending |
|  |  | **Y** | N |  |
|  |  | **Y** | N |  |
|  |  | **Y** | N |  |
|  |  | **Y** | N |  |

|  |
| --- |
| **8 Are there any known factors that suggest individual presents a RISK to STAFF, SELF or OTHERS (Circle)** |
| **Source** | **SPS – PR2 / TSO** | **SW – CJSW Report / C&F** | **Other** |
| **RISK** |

|  |
| --- |
| **9 Offences:** |
| Does offence history indicate cause for concern  | N | Y |  |
| Outstanding offences |

|  |  |  |
| --- | --- | --- |
| **10 Consent** – I have information about Shine and consent to this referral being made | Yes | No |
| I agree to being: |
| * Being referred to Shine
 |
| * Shine contacting me and other agencies / services to:
 |
| * Seek & Share agreed information to enable Shine to provide the most appropriate service / support
 |
| * A representative of Shine contacting me in the future to seek my views of the Service
 |
| * GDPR has been explained, I have signed a consent form and I have received a copy of the Privacy Notice
 |
| Individual’s Signature | Shine PBC Signature |
|  |  |
| Date |  |