|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 HDCQD  Consideration 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&F  CJSW | **Health**  GP  CMHT / CPN  Addiction Service | **Court**  Outstanding Fines  Y / N |
| Defence Agent | | |
| Previous contact with Shine Y / N - Mentor | | |

|  |  |
| --- | --- |
| **6 Specific issues – risk and priority needs** | |
| Accommodation  Benefits  Debt / Fines  Drugs  Alcohol  Mental health issues treatment / medication  Physical health issues treatment / medication  History of Self harm Y/N  Pregnant Y/N  Known 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 |  | | |