**CARE NOT CUSTODY**

**REFERRAL FORM**

**Criteria for referring.**

* **Service for women.**
* **POP does not have an open CRS referral.**
* **POP is finding it difficult engaging with Probation but is still in contact.**
* **POP is nearing breach or will be due in Breach court and has a date and/or awaiting date.**

**To make a referral please email form (with any additional paperwork) to: bwccarenotcustody@inspireproject.cjsm.net**

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| **Person On Probation (POP)****Name:****Also known as:****D.O.B:****CRN:****Address:****Contact details:****Safe to contact/leave voicemail/email/text/send letter:****Consent given for CNC to make contact:** | **Referral Source****Referred by:****Probation Practitioner:****Office location:****Contact details:**  |
| **Offence:****Date of Offence:****CO/ SSO:****Dates****Start of CO/SSO:****End of CO/SSO:****Reset date if applicable:****Breach Court date:** | **Risk assessment:****RoSH (who is at risk?):** |
| **Reason for referral (as much information as possible about current circumstances is useful to us):**  |