**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):** | |