

**REFERRAL FORM**(for all referrals, including self-referrals)

Please note that data on this form will be stored securely for as long as you are involved with Inside Out or St. Peter’s in the City.  Data will only be used for necessary administration in connection with Inside Out or St. Peter’s and will not be shared with 3rd parties unless required by law or without signed consent.  We ask mentors and Inside Out staff to take responsibility of any changes to data by informing an Inside Out Project Worker. wayne@insideoutderby.org.uk, jo@insideoutderby.org.uk, alan@insideoutderby.org.uk

Please complete this form in BLOCK CAPITALS. Preferably assisted by the Chaplain, CRC/NPS/HMPS Staff or an Inside Out Representative

Name of Referrer:…………………………………………… Relationship to applicant:…………………………..

Contact details: Email……………………………………………………… Phone……………………………………………………..

**Name of applicant: …………………………………………………………….. Date of Birth………………………**

Gender **Male** **Female** **Prefer not to say**

Prison(if applicable)…………………………………………………, Prison Number(if applicable)……………………………………

Release Date…………………………………………………...

Current conviction(s)………………………………………………………………………………………………….

Pending convictions …………………………………………………………………………………………………………..

Please provide details of your **Offender Manager/Resettlement Officer**

Full name………………………………………………………………………………………………………………………….

Contact details *(for example email, phone number)*…………………………………………………………

Current address:……………………………………………………………………………

Area you / they will be released to:

(if applicable)……………………………………………………………………………………………

Do you have accommodation on release from prison(if applicable) **Yes No** 



What is your faith/religion? **Christian** **Hindu**  **Muslim**  **Buddhist** **Sikh** 



**None/other** If other please specify…………………………………………………………………………

Do you have any contact with chaplaincy? **Yes**  **No** 



Are you happy to be supported by volunteers from a Christian church? **Yes** **No**



Do you have any addictions? **Yes** **No**

If yes please give details………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………….

Do you have any diagnosed mental health issues? **Yes** **No** 

If yes please give details………………………………………………………………………………………………………………………

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Have you had COVID vaccination/s? **Yes**  **No **

Are you able to provide evidence of this? **Yes  No **

DISCLOSURE - *This section is very important. Your referral cannot be progressed unless it is completed.*

I confirm that to my knowledge the information I have provided is correct at the time of completion. I agree that:

* You can forward this form to the prison chaplain, support worker, probation officer and the church/placement to which I may be linked and agree that they can be in contact to decide how best to support me.
* Using the authorised security procedures of HMPPS, my chaplain, resettlement officer and my probation officer can disclose information they consider necessary to complete any risk assessments, including a copy of my offender assessment system record, if appropriate
* Inside Out may be informed of any medical, psychological, or behavioural issues that would make someone unsuitable or unable to fully engage with the Inside Out Programme

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return to Inside Out, Derby, at St Peter’s in the City, Derby, DE1 1NN,** **wayne.haycock@insideoutderby.cjsm.net**

**jo@insideoutderby.org.uk**

**alan@insidoutderby.org.uk**

