

## APPENDIX A

Multi-Agency Public Protection Arrangements / PDP Referral		Form C
<b>Subject Referral</b>		
<b>Offender Information</b>		
Family name		
First name		
Date of birth		
Address		
Known alias		
Gender		
Ethnicity		
NI Number		
Prison Number		
PNC Number		
CRO Number		
Agency Identity No.		
Current status - Community / Custody / Hospital		
<b>Conviction Information</b>		
Date of conviction		
Date of sentence		
Court		
Offence		
Sentence		
Parole eligibility date		
Non parole date		
ROTL		
Earliest date of release		
Home detention curfew		
Early custody licence		
<b>Supervision / Licence</b>		
Start date		
End date		
Sentence expiry date		
Recall on sentence		
If yes, complete following two lines:		
Date of recall		
New release date		

Mental Health details (if applicable)		
Next mental health tribunal date (if known)		
Next CPA planning date (if known)		

Victim		
Are there victim issues?		
Area the VLO unit aware?		
VLO		
Area		
Agency address		
Telephone		
Fax Number		
Email address		

Lead agency contact details		
Name		
Area		
Agency address		
Telephone		
Fax Number		

Referral Information
Reason for this referral including the reason why this case requires active multi-agency management: Information must include: Details of offending history and of the current offence(s), identify any potential disclosure issues, are there accommodation issues, and any other relevant information.

Safeguarding Children					
Name of current partner					
Address					
DOB (if known)					
Full names of children					
DOB (if known)					
On register?					
Name of previous partners					
Address					
DOB (if known)					
Full names of children					
DOB (if known)					
On register?					
Other children with contact?					
DOB (if known)					
On register?					
Warning Markers					
		Level		Any other details	
Risk to staff					
Risk of harm to children					
Risk to identified victim(s)					
Risk to general public					
Other (specify)					
Risk Assessments					
Assessment tool		Completed		Outcome/Risk Levels	
OASys (Full ROH)					
OASys (ROH to Children)					
Risk Matrix 2000					
ASSET					
SARA					
Stable/Acute					
SPECSST					
Other (specify)					
Details of agencies currently involved in this case					
Agency		Name		Address / Contact details	

Other agencies who should be invited to the MAPP meeting				
Agency		Name		Address / Contact details

Press and media implications	
Identify whether there are national or local media implications and what they are	

Details of person making this referral		
Name		
Grade		
Organisation		
Address		
Telephone		
Fax number		
Email address		
Date		

Manager endorsement		
Name		
Grade		
Organisation		
Address		
Telephone		
Fax number		
Email address		
Date		

Date sent to MAPPA Co-ordinator

Following section to be completed by MAPPA Co-ordinator		
Screening Decision		
Decision regarding referral	Accept - agree level/category appropriate	<input type="checkbox"/>
	Accept - at different level/category	<input type="checkbox"/>
	Reject	<input type="checkbox"/>

Reasons for decision	