**Risk Template**

To be completed in conjunction with/reference to the CFO Referral Form.

**The template should be completed as fully as possible**, but at the very least include personal details and risk details sections.

|  |  |
| --- | --- |
| **Pnomis/nDelius No:** |  |
| **Name:** |  |
| **D.O.B (DD/MM/YYYY):** |  |
| **Licence Conditions:**  *all conditions must be relevant to the Participant and linked to their involvement to the CFO Evolution Programme. This must be clear and concise, e.g. exclusion zone in place which restricts XX from entering XX City Centre.* |  |
| **Licence/Supervision End Date:** |  |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Risk Overview** | | | | | | | | | **Risk to Children:** | Low | Medium | | High | | Very High | | | **Risk to Public:** | Low | Medium | | High | | Very High | | | **Risk to Known Adult:** | Low | Medium | | High | | Very High | | | **Risk to Staff:** | Low | Medium | | High | | Very High | | | **Risk to Other Prisoners:** | Low | Medium | | High | | Very High | | | **Risk to Self:** | Yes | No | |  | | | | | **Risk Details above are relevant to:** | Custody | Community | |  | | | | | **MAPPA (State yes or no):** | Yes | No | |  | | | | | **MAPPA Category** |  | | | **Level:** |  | | | | **Is the person subject to a Sexual Harm Prevention Order** | Yes | | No | **NSD case** | Yes | | No | | **Specific risk (to females, LGBT etc.)** |  | | | | | | | | |
| **Activity Recommendations** - *consider any activities we could deliver to support any mandated accredited programmes which are required as part of the licence conditions such as CSAAP course, unpaid work, substance misuse, exclusion zones. Also Support required for the Participant e.g. broken family links, debt, accommodation or education and training.* |  |
| **Activity Restrictions** - *include here any activity that you are aware of at this time that would not be appropriate. This list is not exhaustive, but could include*   * ***Potential Weapons*** *– these could be items used for specific activities or courses, cooking (knives), arts and crafts (scissors), community projects (hammers/saws/ screwdrivers etc).* * ***IT Equipment/Media*** *– licence conditions may restrict access such as the use of internet, photography, video and audio.* * ***Access to specific cohorts/individuals*** *- groups of more than 1 person, children, families, ethnic groups, genders, nature of offence (e.g. sex offenders mixing with another sex offender, gangs, NSD participants).* |  |
| **Any other relevant risk comments / information –** *use this area to provide any additional information (i.e. information that might support the Risk Overview rating, or relevant information that has not already been documented in this template)* |  |
| I confirm that the Risk information is correct and accurate at the time and date of completing this template and has been considered with the risk levels. | |
| **Name of person completing the form:**  *In the community, this should ONLY be completed by probation.* |  |
| **E-mail address of person completing the form:** | @justice.gov.uk |
| **Date (DD/MM/YYYY):** |  |

*Please ensure this form is sent from a secure email account to a secure email account.*