|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PPANI REFERRAL FORM** | | | | | | | |
| **1. OFFENDER INFORMATION** | | | | | | | | |
| **Last name** | | | | |  | | | |
| **First name/ Forenames** | | | | |  | | | |
| **Date of Birth** | | | | |  | | | |
| **Aliases (including nicknames)** | | | | |  | | | |
| **Prison (where applicable)** | | | | |  | | | |
| **Prison Number (where applicable)** | | | | |  | | | |
| **Proposed release address (where known)** | | | | |  | | | |
| **Current or last known address if in community** | | | | |  | | | |
| **Gender** | | | | |  | | | |
| **2. TYPE OF OFFENDER** | | | | | | | | |
|  | | | | | | | | **Delete as applicable** |
| 1. **Convicted of an offence as outlined in Sec 3.1 PPANI Manual of Practice, or** | | | | | | | | **YES /** NO |
| 1. **Significant Concerns** | | | | | | | | **YES / NO** |
| * **Sexual Offender** | | | | | | | | YES **/ NO** |
| * **Violent Offender (Violent Offences against Children or Vulnerable Adults)** | | | | | | | | YES**/ NO** |
| * **Domestic Violence** | | | | | | | | **YES /**NO |
| * **Hate Crime (where an enhanced sentence has been imposed)** | | | | | | | | YES**/ NO** |
| **Current or last known address if in community** | | | | |  | | | |
| **Gender** | | | | |  | | | |
| **3.REFERRING AGENCY INFORMATION** | | | | | | | | |
| **Referral Agency** | |  | | | | | | |
| **Name** | |  | | | | | | |
| **Location** | |  | | | | | | |
| **Telephone numbers** | |  | | | | | | |
| **Email Address** | |  | | | | | | |
| **4. CONVICTION / CAUTION INFORMATION** | | | | | | | | |
| **Index offence / Relevant caution** | | | | | Click or tap here to enter text. | | | |
| **Date of conviction / caution** | | | | |  | | | |
| **Sentence** | | | | | |  | | --- | |  | | | | |
| **Brief offence(s) details** | | | | |  | | | |
| **Relevant previous convictions and pattern of offending** | | | | |  | | | |
| **SOPO / VOPO Prohibitions (please list prohibitions)** | | | | |  | | | |
| **Subject Disqualification Order (delete as applicable)** | | | | | YES **/ NO** | | | |
| **Other relevant information** | | | | |  | | | |
| **Relevant dates** | | | | | | | | |
| **Date of Release/Hospital Discharge** | | | | |  | | | |
| **Parole Eligibility Date** | | | | |  | | | |
| **Licence Expiry Date** | | | | |  | | | |
| **Sex Offender Notification** | | | | |  | | | |
| **5. REASON FOR REFERRAL** | | | | | | | | |
| **Add any other relevant information (e.g. outline significant concerns, media handling, disclosure issues etc.)** | | | | | | | | |
|  | | | | | | | | |
| **6. VICTIM CONCERNS** | | | | | | | | |
| **Please summarise any relevant victim issues** | | | | | | | | |
|  | | | | | | | | |
| **7. SAFEGUARDING** | | | | | | | | |
| **Child Protection Concerns (where applicable please summarise any child protection concerns)** | | | | | | | | |
|  | | | | | | | | |
| **Vulnerable Adult Concerns (where applicable please summarise any vulnerable adult concerns)** | | | | | | | | |
|  | | | | | | | | |
| **Has the Victim been subject to MARAC?** | | | | | | **YES /** NO (if yes please provide details below including domestic history) | | |
|  | | | | | | | | |
| **Once completed, please send this form to the PSNI PPANI Links Team:**  **ONLY USE SECURE E-MAIL**  [**zPPANIAdmin@psni.pnn.police.uk**](mailto:zPPANIAdmin@psni.pnn.police.uk) | | | | | | | | |
| Date sent | | | |  | | | | |
|  | | | | | | | | |
| **8. PPANI Links Team (for official use only)** | | | | | | | | |
| **PPANI 1 Referral Processed by:** | | | | | | | | |
| **Name:** | | | | |  | | | |
| **Date referral processed:** | | | | |  | | | |
| **PPANI qualifying offender?** | | | | |  | | | |
| **Comments:** | | | | |  | | | |
| **Referral – have significant concerns been evidenced?** | | | | |  | | | |
| **Comments:** | | | | |  | | | |
| **Date referral accepted/rejected:** | | | | |  | | | |
| **Date referring agency notified:** | | | | |  | | | |
| **Date of LAPPP meeting where case has been listed** | | | | |  | | | |
| **9. RISK ASSESSMENT** | | | | | | | | |
| **RM 2000 Risk of Reconviction [to be completed for all adult sexual offenders]** | | | | | | | | |
|  | | | **Level** | | | | **Date of Assessment** | |
| **RM2000 Sexual:** | | |  | | | |  | |
| **RM2000 Violent:** | | |  | | | |  | |
| **RM2000 Combined:** | | |  | | | |  | |
| **10. OUTLINE OF CASE** | | | | | | | | |
| **If not already included above** | | | | | | | | |
|  | | | | | | | | |