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|  | **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** |

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| **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.)** |
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| **6. VICTIM CONCERNS**  |
| **Please summarise any relevant victim issues** |
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| **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) |
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| **Once completed, please send this form to the PSNI PPANI Links Team:****ONLY USE SECURE E-MAIL****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** |
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