

Referral Type (tick as appropriate):

Restorative Approach

Mediation / ADR

Peer Mentor Support



Sub-category:

- Instead of Court (Standalone RA/Checkpoint)
- Case is going to court (pre-sentence RA)
- Case has been to court (post-sentence RA)

Sub-category:

- Vulnerable and Isolated
- Persistent Caller

Participants Contact Details

Party 1 / Victim	Party 2 / Offender
Full Name: <i>(including any middle names)</i>	Full Name: <i>(including any middle names)</i>
Address:	Address:
Date of Birth:	Date of Birth:
Landline: Mobile:	Landline: Mobile:
Email:	Email:
Other names the party has been known by:	Other names the party has been known by:
Other individuals residing at the property:	Other individuals residing at the property:
Any known associates we should be aware of?	Any known associates we should be aware of?
Suitable/safe for a home visit?	Suitable/safe for a home visit?
No. of calls client has made to your organisations in the last 6 months:	No. of calls client has made to your organisations in the last 6 months:
No. of visits by your organisation to this client in the last 6months:	No. of visits by your organisation to this client in the last 6months:
General Availability (daytime, evening, etc.)?	General Availability (daytime, evening, etc.)?
Interpreter required (if so, please state language/nationality)?	Interpreter required (if so, please state language/nationality)?

Your Role

Name:	Email:
Role:	Landline:
Team/Area:	Mobile:
Will you be the key contact for the case? <i>(If no, please state who updates should be sent to)</i>	
*Are you trained to deliver RJ or Mediation?	
*Are you available to co-work the case with us?	
*Is someone else from your organisation available to co-work the case with us? If so, who?	

Incident Details

Please provide a brief summary of the incident, and any action already taken

Crime / Ref no.

Other agencies currently involved:		
Are the parties aware of this referral, and are they expecting to hear from us? (If not, please explain)		
Have they consented to their details being shared with us?		
What would you consider to be the ideal outcome of our intervention, and what do you hope it will achieve?		
What other action would you consider taking if our intervention fails to resolve the issue?		

Risk Information

Please indicate any factors we should take into account when assessing the safety of our clients and volunteers

Risks/vulnerabilities associated with either address:		Warning Indicators / Previous Convictions Summary (Police):		
Would you describe the risk posed by these parties as low, medium or high?		PNC (Y/N)	Sleuth (Y/N)	<i>Please confirm which systems have been checked. If no trace, please enter 'NT'.</i>
<i>Please comment on attitudes/motivations, power imbalances, substance misuse, violence/aggression, erratic behaviour, mental health, pets, smoking, condition of home, etc.</i>				