



Agency Referral Form

Referral Telephone Number: 07826 903 449

Email your referral to: makeamends@torbay.gcsx.gov.uk

Nature of referral: Criminal Justice [] Voluntary [] School [] Community [] Other []

Referrer contact information:		Date:	
Name:			
Organisation (if applicable):			
Contact No:			

Person responsible contact information:			
Name:		Date of Birth:	
Address:			
Main contact No:		Email address:	

What would this person like to achieve / see as an acceptable outcome?

HAS CONSENT TO SHARE INFORMATION BEEN GIVEN: YES [] NO [] * *If No not able to proceed with referral*

Main Offence/Harm Details:			
Offence/harm:		Date occurred:	
Brief description:			
Court Sentence: (if applicable)			

Other offences:

Person Harmed contact information:			
Name:		Date of Birth	
Address:			
Main contact No:		Email Address:	
What would this person like to achieve / see as an acceptable outcome?			
HAS CONSENT TO SHARE INFORMATION BEEN GIVEN: YES [] NO [] * <i>If No not able to proceed with referral</i>			

Risk Information:

Overriding risk factor	Harmer	Harmed
Known manipulative/predatory lifestyle		
Previous aggressive/controlling behaviour		
Any history of domestic abuse/domestic violence		
Drug user		
Any known alcohol issues		
PPO/IOM status		
Known to be members of any gangs		
Is the person known to have any dangerous pet(s) at home address		
Known to carry weapons		
Any previous convictions for sexual offences		
Propensity for violence		
Firearms registered at home address		
Any warning flags on the system		
Any known mental health issues or learning needs		