

# PRIVATE AND CONFIDENTIAL



## TRESHAM - PRINCE'S TRUST TEAM PROGRAMME Offender / Ex-Offender (OXO) Referral Form

This form is to be used in the referral of offenders / ex-offenders to Northamptonshire's Prince's Trust Team Programme who are currently in, or have been under, statutory supervision within the past **12 months** at the time of referral. It must be received and approved by the immediate Team Leader **and** Prince's Trust Teams Manager before the candidate can start on a Team programme.

This candidate is being referred from: (please tick )

- Probation
- Youth Offending Service
- Other (please specify) \_\_\_\_\_

### SECTION 1 - PERSONAL DETAILS OF CANDIDATE

Family name:		Forenames:		Male <input type="checkbox"/>		Female <input type="checkbox"/>	
FAMILY NAME		FORENAME					
Date of birth: (dd/mm/yyyy)	Current age:	Prison number:					
	AGE	PRISON NUMBER					
Candidate's telephone number(s):							
Candidate's address:							
Postcode:							
Candidate's current living arrangements:							
Will the candidate be on a:		• Tagging order	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
		• Home Detention Curfew	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Does the candidate have <b>any</b> history of the following offences?		• Sexual	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
		• Arson	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
		• Violent	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
		• Offences against children	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is the candidate currently:		• Under bail conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
		• Pending a court hearing	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
In your professional opinion, what level of risk does the candidate present to:		• Themselves	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>		
		• Children	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>		
		• Vulnerable adults	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>		
		• Staff members	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>		

Delivery staff:

If **YES** is indicated to any of the above, or the risk level is 'medium' or above, advice must be sought from the Teams Manager.

## SECTION 2 - REFEREE

### A - SUPERVISING PROBATION / YOS OFFICER DETAILS

Name:	Work address:
Job title:	
Contact numbers:	
Contact email:	Postcode:
Are you willing for the email address to be added to our contact database? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### B - LIAISON DETAILS [the person making the referral if different from above]

Name:	Work address:
Job title:	
Contact number(s):	
Contact email:	Postcode:
Are you willing for the email address to be added to our contact database? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signed:	Date:

## SECTION 3 - OFFENCES

The Team Leader must be given as much information as possible in order for them to make an accurate risk assessment of the young person. We appreciate the need for Data Protection but suggest that this information is required to correctly risk assess both the individual and the group dynamics.

### A – OFFENCE DETAILS

Previous offences:	
Current and /or any outstanding offences:	

### B - PLEASE TICK IF THE CANDIDATE HAS [OR HAS RECENTLY HAD] ISSUES WITH: (please tick )

Alcohol / substance abuse <input type="checkbox"/>	Anger and/or violence issues <input type="checkbox"/>	Domestic circumstances <input type="checkbox"/>
If ticked, please give details:		

## SECTION 4 – PEN PORTRAIT OF CANDIDATE

The Team Leader must be given as much information as possible in order for them to risk assess and create the most effective support for both individuals and the Team throughout the programme. Please do not try to give a character reference but rather the most *useful* information. If there is information you wish to share but do not feel it appropriate to record on this form, please feel free to contact the Team Leader directly or contact the Teams Manager on 01536 413387

### A – WHY IS THE CANDIDATE BEING REFERRED TO THE TEAM PROGRAMME

*(e.g., an order; young person requested it; to develop communication skills; etc)*

### B - DOES THE CANDIDATE HAVE ANY CONCERNS WITH THE FOLLOWING: (please tick )

Basic skills	<input type="checkbox"/>	Health problem / allergy?	<input type="checkbox"/>	Working in a team	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	Disability or learning need?	<input type="checkbox"/>	Mental health issues	<input type="checkbox"/>

### C – PLEASE GIVE FURTHER DETAILS ON ANY OF THE ANSWERS IN THIS FORM, OR ANY OTHER SIGNIFICANT FACTORS THE TEAM LEADER SHOULD BE MADE AWARE OF:

Please do consider that the young person will attend a team building residential during week 2 of the programme:

Please feel free to use separate sheets of paper to continue if required.

Will the supervising officer need informing if the learner is dismissed from the programme:	• During the programme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• During the residential week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes to above, what times of the day can we contact you in?</b>			
<input type="checkbox"/> 9am-5pm <input type="checkbox"/> Anytime <input type="checkbox"/> Other: .....			

## SECTION 5 – TEAM LOCATION

Please tick the location below that the young person would prefer to attend.

Northampton North	<input type="checkbox"/>	Northampton South	<input type="checkbox"/>	Wellingborough	<input type="checkbox"/>
Rushden	<input type="checkbox"/>	Kettering	<input type="checkbox"/>	Corby	<input type="checkbox"/>
Daventry	<input type="checkbox"/>	Other (Please state)	<input type="checkbox"/>		

## SECTION 6 – CANDIDATE DECLARATION

*"I have read (or listened to) the information given about me on this OXO form.*

*I agree that this information is correct and understand that this information is needed by The Prince's Trust Team programme, and other organisations directly involved on their behalf, to help plan, risk assess, deliver, monitor and evaluate The Prince's Trust's programmes.*

*I confirm that I give my consent to The Prince's Trust to collect and store the information disclosed to be used for statistical and fundraising purposes. I understand my right to request a copy of the information held about me by the Prince's Trust."*

<b>Signed Candidate:</b>	<b>Date:</b>
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## SECTION 7 – SENDING TO US

For all referrals, arrangements will be made for the appropriate Team Leader to see the details on this form. An informal meeting will be set up between the young person and the Team Leader prior to the start of the programme.

If returning by post, please ensure that the above declaration is signed by the young person and send to:

[PRIVATE AND CONFIDENTIAL]  
Prince's Trust Teams Manager  
Tresham College of Further and Higher Education  
George Street, Corby  
Northamptonshire, NN17 1QA

## SECTION 8 – GETTING COPIES OF THIS REFERRAL FORM

Visit us at [www.tresham.ac.uk/team/downloads](http://www.tresham.ac.uk/team/downloads) to download these OXO forms online.

## SECTION 9 – TRESHAM - OFFICE USE ONLY

<i>"The details on this form have been noted and assessed for risk and balance of team"</i>			
<input type="checkbox"/> Accepted	<input type="checkbox"/> Declined	<input type="checkbox"/> Deferred until: .....	<input type="checkbox"/> More info required
Signed Team Leader: .....		Signed Teams Manager or HoS: .....	
Date: .....		Date: .....	