**Referral Form for Restorative Justice in Hampshire**

Restorative Solutions CIC in partnership with Hampshire Fire and Rescue Service and AgeUK IW accept referrals for Hampshire and the Isle of Wight, where the offender is over the age of 18. Please note that we will also accept referrals for offenders under the age of 18 with agreement from the local Youth Offending Team. This form will be received centrally and cases will then be allocated depending on where the offence was committed. In line with The Code of Practice for Victims of Crime (2015), if you are able to refer both the victim and offender you will need to complete two separate forms so that their personal data is kept separate and secure.

For guidance completing this form please contact us on 0800 043 8785 or hiow@restorativesolutions.org.uk. Telephone number and email address are monitored between the hours of 9am until 5pm, Monday to Friday. Please note that referrals can also be made by texting RESTORE to 66777.

**Section A** Referring Agency Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date of Referral** |  |
| **Agency** |  | **Job Title** |  |
| **Telephone Number** |  | **Email Address** |  |
| **Is the Subject still working with your agency?** | Yes [ ] No [ ]  | **If Yes, please provide details:** |  |

**Section B** Subject Details:

In line with The Code of Practice for Victims of Crime (2015), if you are able to refer both the victim and offender you will need to complete two separate forms so that their personal data is kept separate and secure.

|  |  |  |  |
| --- | --- | --- | --- |
| **Referred Subject is the:** | Victim [ ]  | Offender [ ]  | Both a Victim and an Offender [ ]  |

**Please tick to confirm that:**

The subject is fully aware that you are making a referral for a Restorative Justice Assessment☐

The Providers will not make contact with parties unless consent has been obtained.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **DOB** |  |
| **Address** |  |
| **Telephone Number** |  | **Gender** |  |
| **Email Address** |  | **Ethnic Origin** |  |
| **Preferred Contact Method** |  | **Preferred Day / Time of Contact** |  |
| **Warning Markers** (if known) |  |
| **Additional Information** (i.e. other agencies involved, learning or physical disabilities, mental health issues, substance misuse, previous RJ referral). |  |

**If subject has additional needs or is the victim and aged under 18, please provide details for an appropriate adult:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Telephone Number****Email Address** |  |
| **Address** |  |
| **Preferred Contact Method** |  | **Preferred Day / Time of Contact** |  |
| **Relationship to Subject** (Parent / Guardian) |  | **Warning Markers** (if known) |  |
| **Additional Information** (i.e. other agencies involved, learning or physical disabilities, mental health issues, substance misuse). |  |

**Section C** Reason for the Referral

|  |  |  |  |
| --- | --- | --- | --- |
| **Offence** |  | **Date of Offence** |  |
| **Location of Offence**  |  | **Crime Reference Number** (if known) |  |
| **Outcome** (i.e. Community Order) |  |  |  |
| **OIC** |  | **OIC Contact Details** |  |

**Section D** Any Additional Information

Please record any additional information which is not covered within the form but which may be useful e.g. media interest, names of other professionals or agencies who are involved, relevant work that you have already completed with the subject.

**Once you have completed this form please forward it to:** hiow@restorativesolutions.org.uk.