**Referral Form for Restorative Justice in Hampshire**

Restorative Solutions CIC are the commissioned restorative justice service for adult offenders in Hampshire and the Isle of Wight. In some cases, and with agreement from the Youth Offending Team, we also accept referrals for offenders under 18.

To make a referral to our service, please complete as many of the fields in the form below and email it to us at hiow@restorativesolutions.org.uk.cjsm.net. If you would like to make the referral over the phone please call us at 0800 043 87 85.

In line with the Code of Practice for Victims of Crime in England and Wales (2020), if you are referring the victim and offender you will need to complete two separate forms so that their personal data is kept separate and secure.

**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 in England and Wales (2020), 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) |  |  |  |
| **Original OIC who dealt with the case** |  | **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.cjsm.net