|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name | | Surname | | Date of Birth | Release Date | |
| Prison  HMP | | Prison No | Wing/Cell No | Offence | Ethnicity | Phone No |
| NI No | Faith | Next of Kin Phone No | | Next of Kin Address/Your address  Please specify | | |
| Have you registered with any other resettlement agencies? YES / NO (Please circle your answer) | | | | If yes – please state who you are working with | | |
| Offender Manager Name | | | | Offender Manager Contact Details | | |
| Can you tell us how you would like Yellow Ribbon UK to help you?  (Mentoring will be provided as part of the support) | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Risk/Danger to: (please state HIGH (H), MEDIUM (M) OR LOW (L) | | | | | |
| STAFF | L | SELF | L | PLUBLIC | H |
| CHILDREN | L | ADULTS | L |  |  |
| If medium/high – please state clearly any details to the offense that will ensure that Safeguarding measures are taken for both the Participant and the Mentor. | | | | | |

In accordance with the Data Protection Act 1998 (schedule 1 principal 2)

I understand the details given to be true. The information given shall be used for Yellow Ribbon and will only be used for specific and lawful purposes.

***I also give my consent for Yellow Ribbon to access relevant agencies for information that may assist in my support programme***.

Signature of Client ……………………………………… Date……/…../…………

Yellow Ribbon Signature …………………………………. Date …../……/………..