

## BRIDGE PROGRAMME RISK ASSESSMENT

Through the 6-month Bridge Programme, we support people leaving prison to explore and grow in their Christian faith and connect into church communities. Participants will be invited to attend a weekly Bridge Group (community) and 1-2-1 coaching sessions (individual) with a Christian coach. We will help connect participants with other teams and/ or organisations which are of interest to them.

Please note that we are not currently able to provide accommodation or employment. We will signpost where we can.

If completed by hand, please complete this form in BLOCK CAPITALS. Once completed, please send this form to: **Caring for Prison Leavers (CFPL), Holy Trinity Brompton, Brompton Road, London, SW7 1JA // [hello@caringforprisonleavers.org](mailto:hello@caringforprisonleavers.org)**

Please do contact us if you have any questions either by email (shown above) or by phone on **020 7052 0332**.

### **Section 1: Your Details**

*Please provide your details to enable future communication relating to the individual's application to the Bridge Programme, where required.*

Full name:..... Job Title: .....

Prison: ..... Contact Number:.....

Email address:.....

### **Section 2: Applicant's Details**

*Please complete this section to confirm applicant details, to enable us to arrange a Gate Meet where possible and ensure CFPL does not impact licence condition(s).*

Full name:..... Prison number:.....

Release date: .....

Parole Board meeting date, *if applicable*: .....

Current conviction(s): .....

Previous conviction(s):.....

Additional sentence details, *if applicable*: .....

Licence condition(s), *if applicable*: .....

Expiry date of licence condition(s), *if applicable*:.....

### **Section 3: Offending background**

*To enable us to put appropriate safeguarding measures in place, please complete this section.*

MAPP rating of the individual on release, *if applicable*: **Level 1**  **Level 2**  **Level 3**

Does this individual have a history of: violent offences? **Yes**  **No**  sexual offences? **Yes**  **No**

If yes to either of these, please provide further details without identifying other individuals:.....

.....

Is this individual considered **high risk** for any other reason(s) not stated above? **Yes**  **No**  If yes, please provide further details without identifying other individuals: .....

Is this individual restricted from being around children and/ or other vulnerable groups? **Yes**  **No**  If yes, please provide further details without identifying other individuals: .....

**Section 4: Support Needs**

*Please complete this section to enable us to provide the most appropriate support for the applicant.*

Is this individual struggling with any of the following?

Addiction <input type="checkbox"/>	Debt <input type="checkbox"/>	Mental Health <input type="checkbox"/>
Anger Management <input type="checkbox"/>	Family Relationships <input type="checkbox"/>	Resettlement Issues <input type="checkbox"/>
Anxiety <input type="checkbox"/>	Learning Disabilities <input type="checkbox"/>	Other <input type="checkbox"/>

If yes to any of these, how are they being managed? Is this individual receiving professional help? Please provide further details without identifying other individuals: .....

In your opinion, what is this individual's attitude towards the offence/ imprisonment? .....

To your knowledge, will this individual have any support available on release (e.g. family, friends, other organisations)? .....

**DISCLOSURE**

**Please ensure this section is completed so CFPL can progress the application of the individual.**

I....., agree that this information can be used by CFPL to arrange appropriate support for the individual identified at the top of this Risk Assessment form.

**Signature:**.....

**Print name:**.....

**Date:** .....

Holy Trinity Brompton (HTB) is the controller of your data and processes your data in line with its Privacy Policy which you can view via this web address: [www.htb.org/privacy-policy](http://www.htb.org/privacy-policy)

**Please send this completed form to:**  
  
**Caring for Prison Leavers (CFPL)**  
**Holy Trinity Brompton**  
**Brompton Road**  
**London**  
**SW7 1JA**

**CFPL contact details:**  
  
[hello@caringforprisonleavers.org](mailto:hello@caringforprisonleavers.org)  
  
**0207 052 0332**