**Merseyside Restorative Justice Service**

**Referral Form**

If you would like to make a referral to the RJ Service please complete this form and send it to [RJMerseyside@restorativesolutions.org.uk.cjsm.net](mailto:RJMerseyside@restorativesolutions.org.uk.cjsm.net).cjsm.net

If you have any queries or would like to talk to a member of the RJ team, please call 07377 800254 or 07572 540054

|  |  |
| --- | --- |
| **Referral Details** | |
| Referral Agency |  |
| Contact Name / Details |  |
| Local Ref No. |  |
| Victim or Offender Referral? |  |
| Offence Type: |  |
| Offence Date: |  |

|  |  |
| --- | --- |
| Please outline the circumstances surrounding the offence including any damage caused, personal injury or loss to the victim: |  |
| Please indicate district in which offence occurred (Bradford, Calderdale, Kirklees, Leeds, Wakefield): |  |
| Sentence Stage (Community Resolution, Post Sentence – community, Post Sentence – custody, Caution, Pre –Sentence, Specified Activity Requirement, Not Known): |  |
| Are there any specific needs the RJ service needs to be aware of? |  |

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| Reason for Referral: |  | | |
| Is the victim known to the offender? |  | If yes, in what capacity? |  |

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| Any other relevant information: |  |

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| **Victim Details** | | | | | | |
| Victim Name | |  | | | | |
| DOB  Is the victim 18 or over – Y/N | |  | | |  | |
| For the following Ethnicity & Diversity options please refer to Appendix A | | | | | | |
| Gender |  | Ethnicity | |  | Sexual Orientation |  |
| Marriage/Civil Partnership |  | Pregnancy and Maternity | |  | Religion |  |
| Disability |  |  | |  |  |  |
| Preferred Method of Contact | |  | | | | |
| Address | |  | | | | |
| Telephone | |  | | | | |
| Email | |  | | | | |
| Is the victim willing to engage in RJ?  Is the victim interested in learning more about RJ?  Has the victim been contacted yet? | | | Y/N  Y/N  Y/N       Details: | | | |
| Please give details of victim's views on RJ: | | |  | | | |
| Any potential risks? | | |  | | | |
| Does the service user have any specific needs the RJ service needs to be aware of? | | |  | | | |
| Any other information? | | |  | | | |
| **Offender Details** | | | | | | |
| Offender Name | |  | | | | |
| DOB  Is the offender 18 or over – Y/N | |  | | |  | |
| For the following Ethnicity & Diversity options please refer to Appendix A | | | | | | |
| Gender |  | Ethnicity | |  | Sexual Orientation |  |
| Marriage/Civil Partnership |  | Pregnancy and Maternity | |  | Religion |  |
| Disability |  |  | |  |  |  |
| Preferred Method of Contact | |  | | | | |
| Address | |  | | | | |
| Telephone | |  | | | | |
| Email | |  | | | | |
| Is the offender willing to engage in RJ?  Is the offender interested in learning more about RJ?  Has the offender been contacted yet? | | | Y/N  Y/N  Y/N       Details: | | | |
| Please give details of offender's views on RJ: | | |  | | | |
| Any potential risks? | | |  | | | |
| Does the service user have any specific needs the RJ service needs to be aware of? | | |  | | | |
| Any other information? | | |  | | | |

| **Appendix A: RJ Referral Equality & Diversity Monitoring** |
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| **Gender**: | Female | Male | Trans/Binary | Other |
| --- | --- | --- | --- | --- |

| **Ethnicity:** | Asian/Asian British (inc Chinese, Indian, Pakistani, Bangladeshi and any other Asian background) |
| --- | --- |
| White British (English, Welsh, Scottish, Northern Irish) | Black/African/Caribbean/Black British |
| White European | Other Ethnic Group (inc Arab) |
| Mixed/Multiple Ethnic Groups | Not Stated/Known |

| **Sexual Orientation:** | Bisexual |
| --- | --- |
| Heterosexual/Straight | Other |
| Gay/Lesbian | Not Stated/Known |

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| **Age:** | Under 12 | 13-17 | 18-24 | 25-34 | 35-44 |
| 45-54 | 55-64 | 65-74 | 75+ | Not Stated |  |

| **Religion:** | Sikh | Jewish | Christian | Any other religion |
| --- | --- | --- | --- | --- |
| Hindu | Buddhist | Muslim | No religion | Not Stated/Known |

| **Disability:** | Does not have a disability |
| --- | --- |
| Has a disability | Not Stated/Known |