**Women’s Estate Case**

**Advice and Support Panel (WECASP)**

**Re-Referral Form**

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| To | **Women’s Estate Case Advice and Support Panel (WECASP)** |
| Prison: |       | Date of Re-Referral: |       |

**Case Details**

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| NOMIS |  | Full Name: |  |
| D.O.B: |  | Category: RS/PRS/IPP/YCS transition |  | IEP level: |  |
| Index Offence/Additional outstanding Charges: |  |
| Current Location: |  |
| Date the case was last known to the WECASP or to the CRRB prior to 2021: |  |

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| **Please give the reason(s) why the case was last removed from the WECASP** |
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| **Please provide a summary of significant changes in behaviour and / or risk that require a re-referral and any other relevant information**  |
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| **Details of Actions Taken** *Please provide an outline of what local action has been taken so far to support the individual and staff* |
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| **Re-Referral Expectations** *Please provide a summary of what your expected outcomes are and the objectives you would like to achieve*  |
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| **Has the case been discussed at a local Safety Intervention Meeting (SIM):**Yes [ ]  No [ ]  Date of last SIM meeting: (*If yes, please attach SIM minutes with the referral form)* |

**Establishment Governor/Director Comments :**

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| Name: |  | Signature: |  |

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| *Is the individual aware that they have been re-referred to the WECASP?* Yes [ ]  No [ ] Please tick here if they have refused, or are unable to sign [ ]  |
| Name: |  | Signature: |  |
| **Offender Manager’s Details**: |
| **Full name:** *(Please include POM and COM where relevant)* |       |
| **Email(s):** |       |
| Please tick to confirm that the Offender Manager(s) is aware of and in agreement with the referral [ ]  |
| **Please return this form to:** | **WECASP@justice.gov.uk** |