**Women’s Estate Case**

**Advice and Support Panel (WECASP)**

**Re-Referral Form**

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

**Case Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: | |  | | | |

|  |
| --- |
| **Please give the reason(s) why the case was last removed from the WECASP** |
|  |
| **Please provide a summary of significant changes in behaviour and / or risk that require a re-referral and any other relevant information** |
|  |
| **Details of Actions Taken**  *Please provide an outline of what local action has been taken so far to support the individual and staff* |
|  |
| **Re-Referral Expectations**  *Please provide a summary of what your expected outcomes are and the objectives you would like to achieve* |
|  |
| **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 :**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Name: |  | Signature: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *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** | | |