

Pre-Transfer Information from Segregation																		
(only to be used on transfer to another establishment)																		
Prison Number		Surname				Forename(s)								Male		Female		
Ethnic Code (cross relevant code)	A1	A2	A3	A9	B1	B2	B9	O1	O9	W1	W2	W9	M1	M2	M3	M9	NS	
Sentence	Offence			Date of release		IEP Level		Security Category			Date of segregation			Adjudications in last 12 months (Guilty Only)				
Current Establishment									Receiving Establishment									
Reasons for segregation																		
Behaviour whilst in segregation																		
Self harm history		Currently on an open ACCT				Date of most recent self-harm				Other information								
		Currently in Post-Closure				Number of self-harm incidents in last 24 months												
		Recent self-harm attempts				Most recent ACCT case review + Initial segregation health screen attached												
Mental health concerns																		
Reasons for transfer																		
Management strategy		What has been tried / what works / what doesn't																
Prisoners attitude to transfer (if aware)																		
Previous establishments																		
Assaults (last 24 months)		Number of assaults / type / injuries																
Security issues																		
Physical disabilities / literacy / translation requirements																		
Other information																		

Person completing form	Name	Signature	Date
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