

		<h2 style="text-align: center;">Authority For Initial Segregation Rule 49 (Young Person)</h2>																			
ESTABLISHMENT									CODE						Please mark box if initial authority given by telephone						
<p>This document is to be used by a Competent Operational Manager/Duty Director when giving authority for initial segregation for reasons of Good Order Or Discipline (GOoD) or in the Young Person's own interests.</p>																					
<h3>Prisoner Details</h3>																					
Surname				Forenames						Young Person's Number						Date of birth					
Ethnic Code <small>(cross relevant code)</small>		A1	A2	A3	A9	B1	B2	B9	O1	O9	W1	W2	W9	M1	M2	M3	M9	NS			
Status:				Unconvicted								Awaiting Sentence						Sentence Length			
Offence or charge									Release date if sentenced												
<h3>Segregation Details</h3>																					
Date of Segregation				Time first segregated						Tick box if prisoner is on an open ACCT (inc. Post-Closure)											
Segregation Health Screen completed?				Yes		No		If yes, is continuing segregation recommended by the Screen?						Yes		No					
<p>If healthcare indicate that there are apparent clinical reasons or the ACCT Plan advise against segregation at this time please state below that you have fully considered their advice and determined the most appropriate course of action. Detail the case conference that you have held / how you determined the best way forward. Continue on a separate sheet if necessary.</p>																					
<p>Reason for segregation (include details of whether the Young Person, if serving a DTO, was given an opportunity to make representations against their segregation and details of what was discussed, including whether the Young Person had any views and whether assistance was offered, for example by the advocacy service, and what the outcome was).</p>																					
Segregated until: (max 72 hours to 1 st Segregation Review Board)									Date						Time						
Operational Manager/Duty Director authorising segregation				Name (Print)								Signature									
<p>The IMB must be notified within 24 hours and informed of the date/time of the 1st review board</p>																					
Name of IMB Member Informed																					
Informed at		Date				Time															
By (Print Name)										(Signature)											

Facility	Yes/No	Conditions (eg closed visits, escorted, in segregation unit)
Domestic visits		
Legal visits		
Religious services		
Canteen		
Showers		
Access to telephones		
Library		
Education		
Exercise		
Work		
Physical education/ gym		
Access to CARATS		
Radio / CD player		
Hand held games		
Television		
Association periods (in segregation)		

Operational Manager / Duty Director signing for regime and confirming that the Young Person has received disclosure of reason for segregation.

Name (Print)	Signature	Date

This form must be kept with the Young Person's Segregation History Booklet