

Annex A

CRITICAL PUBLIC PROTECTION CASE REFERRAL FORM

This form should be used to refer an offender for registration as a Critical Public Protection Case (CPPC).

Please confirm the case you are referring meets the criteria set out below indicating which elements apply:

Criteria	
The case is being managed at MAPPA Level 3 (Which can include those cases where the PS is not the lead agency but where the PS is making a significant contribution to the risk management plan, for example a voluntary placement at an Approved Premises).	Yes
And one, or both, of the following applies:	
The offender is assessed as presenting a very high risk of serious harm, and the likelihood of a sexual or violent offence is imminent when the offender is in the community;	Yes / No
The offender has a high public profile and attracts or is likely to attract significant national media interest.	Yes / No

OFFENDER INFORMATION	
First name:	
Last name:	
Date of birth:	
Aliases: (including nicknames):	
Prison name and PNomis/prison number:	
PS -N Delius : Case Reference Number	
Date of release	
Proposed release address:	
Current address if in community:	
Gender:	
Ethnicity:	

Disability:	
Any other Equality information	
PNC ID:	
ViSOR Reference:	
CONVICTION / CAUTION INFORMATION	
Index offence / Relevant caution:	
Summary of Offence	
Date of sentence/caution:	
Sentence details:	
Sentencing court:	
Length of sentence:	
Has the offender been recalled? (please give dates)	
Other relevant information:	
Relevant dates	
Automatic Conditional Release Date:	
Parole Eligibility Date:	
Non-Parole Date:	
Licence Expiry Date:	
Sentence Expiry Date:	
Indeterminate sentence	YES / NO

Length of Tariff for indeterminate sentence prisoners	
Tariff Expiry Date for indeterminate sentence prisoners	
Mental Health review: (please give dates)	
Sexual Harm Prevention Order:	YES / NO- if yes please give date imposed and details
Registered Sex Offender Notification end date:	
Violent Offender Order:	YES / NO
Detained in Hospital	
Date of next tribunal:	

Information Relevant to CPPC Registration

Reason for referral for registration as a Critical Public Protection Case;

Please ensure you outline what CPPC registration will bring to the case?

What support you are seeking from CPPC?

What action has already been taken- Is there involvement from other agencies/what referrals have already been made?

Will you be seeking transfer to NSD? Please outline your reasoning. Please confirm if the case has been assessed under the Power to Detain framework.

Please state if you will be seeking funding should the case be registered as CPPC. Please be specific about what this is for, why it is needed and how it will support the RMP.

Victim Issues

Outline any concerns about the victim of the index offence or potential victims.

Does the victim have a National media profile/Social Media Profile?	
Has the victim taken up the Victim Contact Service?	
If No, please provide further details – e.g. declined contact; contact lost etc.	
If YES, give contact details of VLO and contact made.	
Safeguarding	
Child Protection Concerns	
Are there any child protection concerns? If YES, please outline.	

This CPPC referral must be supported by the following documentation and contact details :

Supporting documents to be provided electronically
The CPPC team will be unable to process this referral until the required documents have been received.

	ITEM	SUBMITTED
1.	A Copy of the most recent MAPPP Level 3 meeting minutes	
2.	A copy of the OASys including risk assessment and risk management plan	
	If you are unable to include any of the documents above , please indicate why:	

Please provide contact details for the following

TITLE	Name	E mail	Phone contact including Mobile and direct dial
Supervising Probation Officer/OM			
Line Manager /SPO			

Senior Manager /LDU Head			
MAPPA Co-ordinator/ Manager			
Lead Police Officer			

Probation Information	
<i>Mandatory</i>	
Name of Referrer:	
Grade:	
<p>Endorsement by the Senior Manager</p> <p>This should be PDU Head or HoPP.</p> <p>This is an endorsement of the decision to refer and of the quality of the information provided in the referral.</p>	
Name:	
Grade:	
Date:	

Once the form is completed, please email plus scanned supporting documents to CPPC@Justice.gov.uk

DECISION (to be completed by CPPC Team)	
Name and Title	
Date	
Register Yes/ No	

<p>Reasons for above decision</p>				
<p>Initial HoNSU assessment for recommendation of adoption by NSD</p>				
<p>NSD Adoption Yes/No</p> <p>If no, please share copy of referral form with HoPP to agree assessment.</p> <p>If yes, please arrange full triage meeting and complete Triage document.</p>				
<p>Confirmation by HoPP</p>				<p>Name:</p> <p>Date:</p>
<p>Name of MP</p>				
<p>Is the MP Signed up to the CPPC notification scheme</p>	<p>Yes</p>		<p>No</p>	