

Referral Form for Restorative Justice in Hampshire

Restorative Solutions CIC in partnership with Hampshire Fire and Rescue Service and AgeUK IW accept referrals for Hampshire and the Isle of Wight, where the offender is over the age of 18. Please note that we will also accept referrals for offenders under the age of 18 with agreement from the local Youth Offending Team. This form will be received centrally and cases will then be allocated depending on where the offence was committed. In line with The Code of Practice for Victims of Crime (2015), if you are able to refer both the victim and offender you will need to complete two separate forms so that their personal data is kept separate and secure.

For guidance completing this form please contact us on 0800 043 8785 or hiow@restorativesolutions.org.uk. Telephone number and email address are monitored between the hours of 9am until 5pm, Monday to Friday. Please note that referrals can also be made by texting RESTORE to 66777.

Section A Referring Agency Details

Name		Date of Referral	
Agency		Job Title	
Telephone Number		Email Address	
Is the Subject still working with your agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please provide details:	

Section B Subject Details

Referred Subject is the:	Victim <input type="checkbox"/>	Offender <input type="checkbox"/>	Both a Victim and an Offender <input type="checkbox"/>
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Please tick to confirm that:

The subject is fully aware that you are making a referral for a Restorative Justice Assessment
The Providers will not make contact with parties unless consent has been obtained.

Name		DOB	
Address			
Telephone Number		Gender	
Email Address		Ethnic Origin	

Preferred Contact Method		Preferred Day / Time of Contact	
Warning Markers (if known)			
Additional Information (i.e. other agencies involved, learning or physical disabilities, mental health issues, substance misuse, previous RJ referral).			

If subject has additional needs or is the victim and aged under 18, please provide details for an appropriate adult:

Name		Telephone Number	
		Email Address	
Address			
Preferred Contact Method		Preferred Day / Time of Contact	
Relationship to Subject (Parent / Guardian)		Warning Markers (if known)	
Additional Information (i.e. other agencies involved, learning or physical disabilities, mental health issues, substance misuse).			

Section C Reason for the Referral

Offence		Date of Offence	
Location of Offence		Crime Reference Number (if known)	
Outcome (i.e. Community Order)			
OIC		OIC Contact Details	

Section D Any Additional Information

Please record any additional information which is not covered within the form but which may be useful e.g. media interest, names of other professionals or agencies who are involved, relevant work that you have already completed

with the subject.

Once you have completed this form please forward it to: hiow@restorativesolutions.org.uk.