

Multi-Agency Public Protection Arrangements
Referral to a Level 2 or 3 MAPP Meeting

Has the MAPPA notification been discussed with and explained to the offender?	Yes/No
Has the offender been informed of his or her right to present written information to any meetings under MAPPA for which s/he is a subject?	Yes/No
Is the offender a young person?	Yes/No
Is the offender a vulnerable adult?	Yes/No

1. Offender Information

ViSOR reference:	
Family name:	
First name:	
Middle name:	
Alternative name/s:	
Date of birth:	
Gender:	
Ethnicity:	
Disability/diversity considerations:	
NI number:	
Prison number:	
PNC number:	
CRO number:	
Agency unique reference:	
Current address:	
Postcode:	

2. Responsible Adult

Family name:	
First name:	
Middle name:	
Alternative name/s:	
Date of birth:	
Relationship to the offender:	
Current address:	
Postcode:	

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3. Employment	
Employed? Yes/No	
Full or part time:	
Occupation:	
Employer name:	
Employer's address:	
Postcode:	

4. Education	
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Is the offender currently in education?	Yes/No
Full or part time:	
Institution name:	
Institution address:	
Type of institution:	

5. Current Status	
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MAPPA Category:	
Has offender been given permission to travel abroad:	Yes/No

6. Conviction Information	
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Type of conviction:	
Court:	
Offence:	
CJS offence code:	
ACPO offence code:	
Caution/Reprimand/Warning date:	
Offence start date:	
Conviction date:	
Sentence date:	
Offence end date:	
Sentence type:	
Sentence length:	
Was it an indeterminate or life sentence?	Indeterminate/Life/Neither
Is this the index offence?	Yes/No
Parole eligibility date:	

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NON parole date:	
ROTL date:	
EDR date:	

7. Home Detention Curfew

Curfew period start:	
Curfew period end:	
Curfew start time:	
Curfew end time:	

8. Early Custody Release

Eligible?	Yes/No
ECL start date:	
ECL end date:	

9. Supervision/Licence

SI type:	
SI start date:	
SI end date:	
Recall?	Yes/No
Recall start date:	
Recall end date:	
New release date:	

10. Mental Health

Next tribunal date:	
Next care plan approach date:	

11. Risk Assessments (adult offender)

OASys (Full RoH) level:	
Comments	
OASys (Full RoH Children) level:	
Comments:	

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Risk Matrix 2000 level:	
Comments:	
SARA level:	
Comments:	
Stable/Acute level:	
Comments:	
Other (specify) level:	
Comments:	

12. Current Agency Risk Management Plan (adult offender)

Has a plan been completed?	Yes/No
Risk level managed at:	
Date of plan:	
Case manager:	
Agency:	
Details of plan:	
Likelihood of re-offending:	
Risk to public:	
Risk of harm to children:	
Risk to staff:	
Risk to self:	
Risk to known adult:	
Risk to prisoners:	
Risk to others:	

13. Risk Assessments (child/young person offender)

Asset level:	
Comments:	
Asset (Risk of serious harm) level:	
Comments:	

14. Current Agency Risk Management Plan (child/young person offender)

Has a plan been completed?	Yes/No
Risk level managed at:	
Date of plan:	
Case manager:	

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Agency:	
Details of plan:	
Likelihood of re-offending:	
Vulnerability classification:	

Details:

Risk to siblings:	
Risk to younger children:	
Risk to peers:	
Risk to parents/carers:	
Risk to vulnerable adults:	
Risk to public:	
Risk to staff/people in authority:	
Risk to other:	

15. Victims

What are the victim issues?	
Agency area VLO unit aware?	Yes/No
VLO name:	
VLO area:	
VLO address:	
Postcode:	
VLO telephone number:	
VLO fax number:	
VLO email address:	
Is anyone else in contact with the victim?	Yes/No
Nature of contact:	
Other name:	
Other area:	
Other address:	
Postcode:	
Other telephone number:	

Other fax number:	
Other email address:	

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16. Safeguarding Children

Is this offender a child at risk?	
Is this offender a child in need?	
Is this offender a risk to children?	
Is this offender accommodated by a local authority?	
Other relevant information:	

17. MAPPA Referral

Is this a referral to level 2 or level 3?

Reason for this referral (including the reason why this case requires active multi-agency management information must include details of offending history and of current offences? Identify any potential disclosure issues. Are there accommodation issues and any other relevant information?)

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18. Details of Referrer

Name:	
Grade/rank:	
Agency:	
Area:	
Unit:	
Address:	
Postcode:	
Telephone number:	
Fax number:	
Email address:	
Date of referral:	

19. Manager Endorsement

Name:	
Grade/rank:	
Agency:	
Area:	
Unit:	
Address:	
Postcode:	
Telephone number:	
Fax number:	
Email address:	

20. Suggested additional attendees to potential MAPP Meeting (excluding core group members). Enter contact details here (name, agency, address, postcode, telephone number, email address if known)

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21. Key Worker contact details (if different from referrer)

Name:	
Grade/rank:	
Agency:	
Area:	
Unit:	
Address:	
Postcode:	
Telephone number:	
Fax number:	
Email address:	

22. Media Strategy

Are there any press/media implications associated with this offender/case or victim (s)? (If yes, identify what these are and whether the interest is from local or national media/press or both):

Date Referral Sent:	

23. MAPPA Referral Decision

Is this a MAPPA qualifying offender?	Yes/No
Does this referral meet the level 2/3 threshold?	Yes/No
Comments:	

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24. Details of Person making Referral Decision

Name:	
Grade/rank:	
Agency:	
Area:	
Date of completion:	

25. Initial Meeting details

Meeting date:	
Host area:	
Location:	