

Statutory Visits - Circular 12/2002 – Annex A

LONG TERM PRISONERS AND PRISONERS SUBJECT TO SUPERVISED RELEASE ORDER

RECORD OF INTERVIEW

Date of Meeting _____

1. Section 1 Prisoners Details

Name	
Prison Number	
Date of Birth	
Social Work IT System Number	
Current Release Address	
POST CODE	
Current Next of Kin	
Current Prison Location	House block _____ Wing ___ Cell ___
Name of Establishment	HMP
Designated L.A. / Grouping	

2. Section 2 Participants at Meeting

Name	Job Title / Role	Organisation

3. Section 3 Prisoner Personal Information / Update

Index Offence Detail(s)	
Cumulative Sentence Length	
Sentence Start Date	
Sentencing Court	
PQD	
EDL	
Schedule 1?	YES/NO

Sex Offender?	YES /NO
Last Risk Reoffending Assessment Date	
Last Risk Reoffending Tool Used	
Last Risk Reoffending Classification (H/M/L)	
Last Risk Harm Assessment Date	
Last Risk Harm Tool Used	
Last Risk Harm Classification (H/M/L)	

Date of last meeting between prisoner and supervising officer

Please record any information / updated information on identified risk of harm and measures taken or planned to manage identified risk

Please indicate the current views of the prisoner to contact with the community based social worker, prison social work team, the sentence management process (including programmes) or specialist service provision such as psychology.

What is nature of any contact with prison social worker and/or prison psychologist or other specialist service?

Please record any information / updated information on prison-based offence-focused programmes planned, undertaken or completed since the last contact between community based social worker and prisoner / prison based staff.

What has been the response to any programmed intervention undertaken since last meeting?

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Please record any information / updated information on frequency of family visits to the prisoner, identity of visitors, issues regarding family contact, necessary tasks etc.

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Please detail any current release plans and any action required to take these forward.

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Please record decisions reached at this meeting

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Date of next scheduled supervising officer's visit to the prisoner.

Name of supervising officer _____

Address _____
