**Referral Form – Part 1**

Restorative Justice that starts with the needs of victims

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| **Details of Person Interested in Restorative Justice** |
| **Surname** |  | **First Name** |  |
| **Date of Birth** |  | **Ethnic Background** |  | **Gender**  |  |
| **Sexuality** |  | **Religion** |  |  |  |
| **Telephone No. (home)** |  | **Telephone No. (mobile)** |  |
| **Address** |  | **Email Address** |  |

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| **Offence date and location** |  |
| **Type of Offence**  |  |
| **Offence details and background** |  |

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| **For Referring Agencies** |
| **Agency** |  |
| **Name of Referrer** |  |
| **Job Title** |  |
| **Address** |  |
| **Telephone No.** |  |
| **Email address** |  |

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| **Additional Information** |
| Please provide any additional information which may be relevant. |
|  |
| **Date of Referral** |  |

Please forward the completed form to rj.enquiries@tvrjs.cjsm.net (agencies with government secure email) or rjenquiries@tvrjs.org.uk (self-referral or other agencies). Alternatively, you can forward the completed form to TVRJS, Thames Valley Partnership, The Coach House, Manor Farm, Aston Sandford, Buckinghamshire, HP17 8JB. Should you have any queries please contact TVRJS on 01844 487980 to discuss further.

**Referral Form – Part 2**

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| **Offender Information** |
| **Name of Offender(s)** |  |
| **Date of birth (if known)** |  |
| **Officer in the Case (if known)** |  |
| **OIC contact number/email (if known)** |  |
| **Offender Manager name (if known)** |  |
| **OM contact number/email (if known)** |  |
| **Has this offence been reported to the police?** | Yes/No Date reported: |
| **Has this been to court?** | Yes/No Court date: |
| **Has the offender been convicted?** | Yes/No Court date: |
| **Has the offender been sentenced?** | Yes/No Court date: Court name: Length of Sentence: |

Please note that victim and offender details will be stored separately and confidentially.