**West Yorkshire Restorative Justice Service**

**Referral Form**

If you would like to make a referral to the RJ Service please complete this form and send it to RJWestYorkshire@restorativesolutions.org.uk.cjsm.net

If you have any queries or would like to talk to a member of the RJ team, please call 0800 783 1550

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| **Referral Details** |
| Referral Agency  |       |
| Contact Name / Details |       |
| Local Ref No.  |       |
| Victim or Offender Referral? |       |
| Offence Type: |       |
| Offence Date: |       |

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| Please outline the circumstances surrounding the offence including any damage caused, personal injury or loss to the victim: |       |
| Please indicate district in which offence occurred (Bradford, Calderdale, Kirklees, Leeds, Wakefield): |       |
| Sentence Stage (Community Resolution, Post Sentence – community, Post Sentence – custody, Caution, Pre –Sentence, Specified Activity Requirement, Not Known): |       |
| Are there any specific needs the RJ service needs to be aware of? |       |

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| Reason for Referral: |       |
| Is the victim known to the offender? |       | If yes, in what capacity?  |       |

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| Any other relevant information:  |       |

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| **Victim Details** |
| Victim Name |       |
| DOB Is the victim 18 or over – Y/N |        |       |
| For the following Ethnicity & Diversity options please refer to Appendix A  |
| Gender |       | Ethnicity |       | Sexual Orientation |       |
| Marriage/Civil Partnership |       | Pregnancy and Maternity |       | Religion |       |
| Disability |       |  |  |  |  |
| Preferred Method of Contact |       |
| Address |       |
| Telephone |       |
| Email |       |
|  Is the victim willing to engage in RJ?Is the victim interested in learning more about RJ?Has the victim been contacted yet? | Y/N      Y/N      Y/N       Details:       |
| Please give details of victim's views on RJ: |       |
| Any potential risks? |       |
| Does the service user have any specific needs the RJ service needs to be aware of? |       |
| Any other information? |       |
|  **Offender Details** |
| Offender Name |       |
| DOBIs the offender 18 or over – Y/N |       |       |
| For the following Ethnicity & Diversity options please refer to Appendix A  |
| Gender |       | Ethnicity |       | Sexual Orientation |       |
| Marriage/Civil Partnership |       | Pregnancy and Maternity |       | Religion |       |
| Disability |       |  |  |  |  |
| Preferred Method of Contact |       |
| Address |       |
| Telephone |       |
| Email |       |
| Is the offender willing to engage in RJ?Is the offender interested in learning more about RJ?Has the offender been contacted yet? | Y/N      Y/N      Y/N       Details:       |
| Please give details of offender's views on RJ: |       |
| Any potential risks? |       |
| Does the service user have any specific needs the RJ service needs to be aware of? |       |
| Any other information? |       |

| **Appendix A: RJ Referral Equality & Diversity Monitoring** |
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| **Gender**:  | Female | Male | Trans/Binary | Other |
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| **Ethnicity:** | Asian/Asian British (inc Chinese, Indian, Pakistani, Bangladeshi and any other Asian background)  |
| --- | --- |
| White British (English, Welsh, Scottish, Northern Irish) | Black/African/Caribbean/Black British |
| White European | Other Ethnic Group (inc Arab) |
| Mixed/Multiple Ethnic Groups  | Not Stated/Known |

| **Sexual Orientation:** | Bisexual  |
| --- | --- |
| Heterosexual/Straight | Other |
| Gay/Lesbian | Not Stated/Known |

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| **Age:** | Under 12 | 13-17 | 18-24 | 25-34 | 35-44 |
| 45-54 | 55-64 | 65-74 | 75+ | Not Stated |  |

| **Religion:** | Sikh  | Jewish | Christian | Any other religion |
| --- | --- | --- | --- | --- |
| Hindu | Buddhist | Muslim | No religion | Not Stated/Known  |

| **Disability:** | Does not have a disability  |
| --- | --- |
| Has a disability | Not Stated/Known |