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| **This form must be sent to the EMS provider (**[**LPAdmin@ems.co.uk.cjsm.net**](mailto:LPAdmin@ems.co.uk.cjsm.net)**), probation provider and the home police force.**  **A copy of the prisoner’s licence must be sent as soon as possible on the day of release. All accompanying documentation should be sent to the probation provider.** | | | | | | | | |
|  | | | | | | | | |
| **1. Prison details** | | | | | | | | |
| a. Prison |  | | | | | | | |
| b. Address |  | | | | | | | |
| c. Contact name |  | | | | | | | |
| d. Telephone |  | | | | | | | |
| e. Email |  | | | | | | | |
|  |  |  |  |  | |  |  |  |
| **2. Prisoner details** | | | | | | | | |
| a. HDC release date |  | | | | | | | |
| b. Name |  | | | | | | | |
| c. D.O.B |  | | | | | | | |
| d. NOMIS ID |  | | | | | | | |
| e. PNC ID |  | | | | | | | |
| f. Gender |  | | | | | | | |
| g. Conditional release date |  | | | | | | | |
| h. Is the prisoner partaking in the Acquisitive Crime project with a mandatory trail monitoring condition? (Yes/No) | | | | | Please select | | | |
| i. Is an interpreter required? (If yes, provide the language) | | | | |  | | | |
|  |  |  |  |  | |  |  |  |
| **3. Curfew details** | | | | | | | | |
| a. Curfew address |  | | | | | | | |
| b. Telephone |  | | | | | | | |
| c. Mobile |  | | | | | | | |
| d. Second curfew address (if required) |  | | | | | | | |
| e. Second telephone (if required) |  | | | | | | | |
| f. Name of main occupier |  | | | | | | | |
| g. Responsible adult (required for children under 18 released on HDC) |  | | | | | | | |

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| **4. Curfew times**  *Provide the curfew times the offender must remain at the address. Use the additional columns if the offender is to have multiple curfew periods on the same day* | | | | |
|  | Time from | Time to | Time from (if multiple periods) | Time to (if multiple periods) |
| Daily |  |  |  |  |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |
|  | | | | |
| Curfew hours on day of release |  |  |  |  |

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| **5. Exclusion conditions to be electronically monitored**  *Provide details of any exclusion conditions that are to be electronically monitored* | | | | |
| a. Are there exclusion conditions on the licence to be electronically monitored? (Yes/No) | | |  | |
| b. Is a map of the exclusion zone(s) attached to this form? (Yes/No) | | |  | |
| c. Describe the exclusion zone(s) fully: |  | | | |
|  | | | | |
| d. Are the exclusion(s) in place 24/7? (Yes/No) | | |  | |
| *e. If the answer above is no, provide the times when the exclusion(s) should be monitored* | | | | |
| Exclusion zone | Time from | Time to | | Days of the week |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  | | | | |
| *For those partaking in the Acquisitive Crime project only:*  f. Specify the end date of the exclusion condition(s) | | | |  |

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| **6. Trail monitoring condition**  *The trail monitoring licence condition enables offender managers to request retrospective information about a subject’s whereabouts. The offender is mandated to wear the tag at all times for the purpose of their movements being recorded and reviewed.* | |
| ***Note: trail monitoring is a mandatory condition for all offender partaking in the Acquisitive Crime project.*** | |
| a. Does the offender have the trail monitoring licence condition? (Yes/No) |  |
| *For those partaking in the Acquisitive Crime project only:*  b. Specify the end date of the trail monitoring condition |  |

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| **7. Mandatory attendance monitoring**  *Attendance at mandatory appointments, such as accredited programmes, treatment meetings or education activities can be electronically monitored* | | |
| a. Does the offender have any conditions where their attendance is to be electronically monitored? (Yes/No) | |  |
| b. If yes, provide details of the condition to be monitored, including location and timings of where/when the offender is meant to be |  | |
| *For those partaking in the Acquisitive Crime project only:*  c. Specify the end date of these conditions | |  |

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| **8. Information to aid successful installation of the monitoring equipment** | | |
| a. Is there any information about the address or offender that the contractor should consider for installation? (Yes/No)  E.g. whether the address is difficult to access; the offender has a sight or hearing deficiency, learning difficulties, or conditions which will affect the placement of the tag (such as prosthetic limbs). | |  |
| b. Please provide further details |  | |

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| **9. Risk information** | | |
| a. Are there any indicators that present a risk of harm to staff from violence or threatening behaviour, or risk on account of the staff member’s gender, race, sexual orientation or other personal characteristics? (Yes/No) | |  |
| b. Please provide further details |  | |

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| **10. Community offender manager details** | |
| a. Community offender manager name |  |
| b. Contact number |  |
| c. Breach notification email or functional mailbox |  |
| d. Probation provider |  |