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|  | **Flexible Release Request** | | | | | |
| **DETAILS OF THE INDIVIDUAL WHO IS DUE TO BE RELEASED** | | | | | | | | |
| Prisoner Number | Click or tap to enter Prisoner Number. | Surname | Click or tap to enter Surname | | Forename(s) | Click or tap to enter Forename(s) | |
| Date of Birth | Click or tap here to enter DOB (DD/MM/YYYY). | Establishment | Choose an Establishment. | | Actual Date of Liberation | Click or tap to enter a date. | |
| Requested Date of Liberation | Click or tap to enter a date. | Local Authority | Choose a Local Authority. | | | | |
| **DETAILS OF INDIVIDUAL/ORGANISATION MAKING THE REQUEST** | | | | | | | | |
| **ORGANISATION** | | | | | | | | |
| Prison/Community | Choose an item. | Role | | Choose an item. | Organisation Name | Enter Name of Organisation | |
| **INDIVIDUAL SUBMITTING REQUEST** | | | | | | | |
| Name | Click or tap to enter Officers Name | Email | | Click or tap here to enter text. | Office Number | Click or tap here to enter text. | |
| Mobile Number | Click or tap here to enter text. | Date Submitted | | Click or tap to enter a date. |  |  | |

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| **OFFICER SUPPORTING REQUEST (if Different from Above)** | | | | | |
| Officers Name | Click or tap here to enter text. | Officers Email | Click or tap here to enter text. | Officer Contact Number | Click or tap here to enter text. |
| **ADDITIONAL CONTACT - DETAILS (in case officer supporting/submitting request cannot be contacted)** | | | | | |
| Additional Point of Contact Name | Click or tap to enter name | Additional Point of Email Address | Click or tap here to enter email. | Additional Point of Contact Office Number | Click or tap here to enter number. |
| Additional Point of Contact Mobile Number | Click or tap here to enter number. |  |  |  |  |
| **BRIEF OVERVIEW OF SUPPORT NEEDS** | | | | | |
| Click or tap here to enter text. | | | | | |

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| Please complete each of the boxes that is relevant to the individual’s reintegration needs and outline the impact that liberating them 1 or 2 days early will have. This should include details on any lack of or limited service. Please also include planned arrangements for the suggested day of release and the benefit or outcomes that this will have for the person you are supporting. | | | |
| **SUPPORT NEED** | **REASON FOR REQUESTING FLEXIBLE RELEASE AND IMPACT ON INDIVIDUAL IF LIBERATED ON ORIGINAL DATE** | **PLAN TO ADDRESS NEEDS ON FLEXIBLE RELEASE DATE** | **BENEFIT/OUTCOME FOR THE INDIVIDUAL** |
| **TRAVEL ARRANGEMENTS** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **ACCOMMODATION** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **DRUG AND ALCOHOL** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **HEALTH** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **MENTORING/THROUGHCARE SUPPORT** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **EMPLOYMENT** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **WELFARE BENEFITS** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **AT RISK OF HARM** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **OTHER** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

In your email, please attach any other evidence that you feel with strengthen this request e.g. supporting letter from a specific service.

**CONTROL OF RELEASE OFFICE USE ONLY SECTION**

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| **EVIDENCE AVAILABLE** | | | |
| Is there enough evidence to show that release 1 or 2 days early will benefit reintegration?  Officers need to consider:   * timescales in respect of travel from prison to home town and also time to travel between appointments * Restrictions to service on EDL * Can plans be put in place to mitigate this on the EDL * If not, what are the plans for the date requested and how will they assist. Do limitations still exist? * Overall effect on the individual of keeping to EDL or releasing 1 or 2 days early * Are there any risks to the individual/public from granting the request | Yes  Click or tap here to enter text. | | No  Click or tap here to enter text. |
| **If No** | | | |
| Is there sufficient time (more than 8 days until EDL) to request more information? | Yes | No | |
| Is a Case Conference required? | Yes | No | |
| Establishment Recommended Decision | Approve | Reject | |
| How will this decision affect the individual | Click or tap here to enter text. | | |
| PPU Final Decision | Choose an item. | | |
| Reason | Click or tap here to enter text. | | |