

Please complete the form in BLOCK CAPITALS. This form and its contents will be kept confidential. Please return this form to: Programme Manager, Neal Street Espresso, 34 Neal Street, London, WC2H 9PS. Please contact us if you have any questions via 07882 601 130 or email nealstreetprogramme@message.org.uk

Your Details

Title	First name(s)
<input type="text"/>	<input type="text"/>
Surname	Marital Status
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Postcode:	
Phone	Email
<input type="text"/>	<input type="text"/>
Age	Date of Birth
<input type="text"/>	<input type="text"/>

Please tick the boxes and fill out the information that is relevant to you currently.

Currently in Prison

Nomis Number

Prison Release Date When did you start serving your current sentence?

<input type="text"/>	<input type="text"/>
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Under Probation Service

Probation Officer's Name

Probation Office

<input type="text"/>	<input type="text"/>
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Email Phone

With A Rehab Organisation

Are you in rehab or support?

Support worker information:

Name

Email Phone

Faith

Please tell us your testimony and how you got to know Jesus:

Are you connected with a church? If so, which one?

Church leader contact details:

Email

Phone

Have you been connected to any other churches in the past?

Have you experienced any problems at church?

Accommodation History

Please tell us your address history for the past 5 years - including prisons, starting with the most recent. Please include an additional sheet if more space is needed.

Address	Date from	Date to	Reason for leaving

Do you have any history of difficulties with previous tenancy agreements, including rent arrears/ anti-social behaviour/disputes with neighbours/evictions? If yes, please explain:

Emergency Contact Details

Name:

Relationship:

Phone:

Address:

Family and Relationships

Are you currently in a relationship?

Please include any children under 18 below:

Name:	Age:	In contact?	Visiting Rights:
Relationship:			
Relationship:			
Relationship:			
Relationship:			
Relationship:			

Do you have any support available from your family since your release?

Family and Home Life

Briefly tell us about your upbringing, background and your life up until now.

Health

Any current medical conditions (including allergies) and medication e.g. Epilepsy, diabetes, hepatitis, HIV.

Condition:	Medication for condition:

Mental Health

Include details of any known conditions e.g. Paranoia, bi-polar, ADHD, PTST, schizophrenia, anxiety

Have you been diagnosed with any mental health issues? Please explain:

Condition:	Severity, if applicable.	How does this affect you on a day-to-day basis?

Allergies

Please list below any allergies, how severe, and if you are anaphylactic:

Any Allergies?	How severe?	How does this affect you on a day-to-day basis?
Any disabilities?	How severe?	How does this affect you on a day-to-day basis?

Substance Use or Dependencies – Past or Present Any triggers?

Tell us about your alcohol consumption (how much, how often)

Do you smoke (including vapes)?

Have you used/do you use drugs? If so, what and how often?

When did you last use?

Past and Present Convictions

Please provide a full history of offences. Attach a separate sheet if necessary.

Date / Year	Offence	Sentence

Any Potential Triggers That May Lead to Anti-Social Behaviour

Are you on Licence?	What terms? (Exclusions, curfews, etc.)	Expiry date of Licence
Are you on HDC?	What are the times of your curfew?	When does it expire?

Mappa rating level? Please tick appropriate box below:

1 2 3 N/A

Are You Subject to any of the Following . Please tick any boxes that apply to you

- ASBO
- Supervision order
- Community rehabilitation order

If answered yes to any of the above, please give more details here:

Finance, Benefits, and Debt

Are you currently employed?

Are you on any form of benefits?

If you receive benefits, which ones?

Do you have any outstanding debts?

If you have any debts, who do you owe? Approximately how much?

Employment History (Include Current Job) Please include any prison jobs

Employer:
Details:
Start Date: End Date:
Employer:
Details:
Start Date: End Date:
Employer:
Details:
Start Date: End Date:
Employer:
Details:
Start Date: End Date:

Education History *(Include any current training or education courses)*

Course	Level	Dates

Do You Have Any Learning Difficulties?

What difficulties?	How severe?	How does this affect you on a day-to-day basis?

Do You Receive Support From Any Other Agencies Besides Probation?

(Social services, drug agencies, probation, etc.)

Organisation:

Contact Name:

Frequency:

Address:

Email Phone

Organisation:

Contact Name:

Frequency:

Address:

Email Phone

Areas Where Support is Needed *(Tick as many boxes that apply to your situation)*

- | Health | Safety | Life | Economic |
|--|--|---|---|
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Domestic abuse | <input type="checkbox"/> Training | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Emotional support | <input type="checkbox"/> Personal safety | <input type="checkbox"/> Employment | <input type="checkbox"/> Benefits |
| <input type="checkbox"/> Substance issues | <input type="checkbox"/> Risk taking | <input type="checkbox"/> Parenting | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> Sexual health | <input type="checkbox"/> Social skills | <input type="checkbox"/> Access to services | <input type="checkbox"/> Financial help |
| <input type="checkbox"/> Lifestyle | <input type="checkbox"/> Anger | <input type="checkbox"/> Life skills | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> Personal care | <input type="checkbox"/> Safeguarding | <input type="checkbox"/> Citizenship | |
| | | <input type="checkbox"/> Independence | |
| | | <input type="checkbox"/> Clothing needs | |

What Level of Help Would be Most Beneficial

Evidence of Nationality *Please fill in or tick boxes below and attach a copy of evidence*

Bank (if any):	Birth Certificate:	Driver's License	Passport:	None:

Being employed by The Message Trust is only possible with a National Insurance number, a UK bank account and proof of right to work in the UK.

Why Do You Want to Come and Work at Neal Street Espresso? Why Would This Opportunity Be Good for You?

Any Other Relevant Information to Be Aware of

Is there anything else you would like to tell us?

Needs Assessment (Must be completed)

Low	Occasional incidents, insignificant issues low potential of recurrence
Medium	More frequent or regular incidents, more significant type
High	Likely, severe or significant

Category	Low	Medium	High
Suicidal thoughts or attempts			
Self-harm			
Eating disorders			
Accidental overdose			
Misuse of medication			
Abuse from others			
Vulnerability			
Learning difficulties			
Social skills			
Mental health issues			
Problems eating or sleeping			
Isolation/withdrawal from people			
Self-neglect			
Agitation			
Paranoia			
Sexual inhibition			
Violence			
Watching violent videos obsessively			

Risk Assessment - About Us

Neal Street Espresso is part of The Message Enterprise Centre, which opened in 2012 and is providing a holistic solution for men and women leaving prison, with rehabilitation for those who are serious about making a new start - and it's working. Our 10 year re-offending rate is 13%, compared to a nine-year national average of 75%. But for many of them, prison is not the end of their story. The Message Enterprise Centre is a concept in socially responsible business. We're helping to train and create jobs for people who need a second chance in life.

Referrer Information

Section to be filled out by the person referring the applicant to the Neal Street Programme.

How did you hear about us?

Name of Referrer:

Date Referred:

Email:

Phone number:

Relationship with applicant:

How long have you known the applicant?

What has been your involvement with the applicant?

Why is the applicant being referred to Neal Street Espresso?

Disclosure: This section is very important and we need it to progress your referral

Signatures

The information provided on this application is correct to the best of my knowledge.

I understand that: (Please tick)

- Neal Street Espresso may share the relevant information with other agencies on a need-to-know basis in order to process my application. Including sharing details of my criminal conviction(s) with the insurance company in order to obtain a risk assessment.
- My chaplain, support worker, and probation officer can disclose any information they consider necessary to complete the risk assessment including a copy of my OASys if appropriate.
- Neal Street Espresso can pass my details on to relevant organisations in order to signpost me to relevant help.

Signature of Applicant:

Date:

All of the information in this form will be held in the strictest confidence. A copy will be held on a securely with restricted access. Where appropriate, some data on this form may be shared with other agencies on a confidential 'need to know' basis. The Message Trust comply with the Data Protection Act (1998).

**Please return to: Programme Manager 34 Neal Street, London WC2H 9PS
Or via email: nealstreetprogramme@message.org.uk**

OFFICE USE ONLY

Application received by:	Visited the coffee shop for an informal chat:	Interview completed by:	Authorization Panel reviewed by:	Accepted Yes/No Contacted by:
Date:	Date:	Date:	Date:	Date: