

RESETTLEMENT

Needs Assessment Form



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 Charity Number 1093710

This form should be completed only with reference to the accompanying Needs Assessment notes

SECTION 1 - PERSONAL DETAILS

First Name(s):

Surname:

Prisoner Number:

Name of Prison:

Prison Address:

Country:

Day / Month / Year

Date of Birth : / /

Are you: (please tick) Male Female

Who is your next of kin? (Please give their name and their relation to you, e.g. mother/brother)

.....
 Please give their address and phone number

SECTION 2 - ETHNIC MONITORING

The information you provide in this section will not affect the help that you receive from us. This information is for our own internal monitoring purposes so as to ensure that we operate an equal opportunities policy.

What is your ethnic group?

- | | | |
|--|--|--|
| <p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> OTHER (please specify)</p> | <p>Asian or Asian British</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> OTHER (please specify)</p> | <p>Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other (please specify)</p> |
| <p>Mixed</p> <p><input type="checkbox"/> White & Black Caribbean</p> <p><input type="checkbox"/> White & Black African</p> <p><input type="checkbox"/> White & Asian</p> <p><input type="checkbox"/> OTHER (please specify)</p> | <p>Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> OTHER (please specify)</p> | |

If OTHER, please specify:

Is English your first language? Yes No If No, please specify:

SECTION 3 - IDENTIFICATION

Do you hold a valid British passport?

Yes No

If 'No', have you applied for a passport?

Yes No

Were you issued with a National Insurance Number in the UK?

(this is similar to a social security number in the USA)

Yes No

If 'Yes', do you remember it? What is it?

Do you have a Birth Certificate?

Yes No

If 'Yes', is it the original?

Yes No

What other type of ID will you be bringing with you to the UK?

.....

SECTION 4 - PREVIOUS RESIDENCE IN THE UK

Were you living in Britain before you were arrested overseas?

Yes No

If Yes, please state when:

FROM
day / month / year

TO
day / month / year

.....

.....

What date did you last leave the UK?

(please give an estimate or state the month and year if you do not know the exact date)

Where in the UK did you last live? (i.e. which town/city/region)

Will you be returning to that area?

Yes No

Where do you intend to live when you return? (i.e. which town/city/region or please give an address if you have one)

.....

Do you have relatives in Britain? (Please give their name and address and their relation to you, e.g. mother/brother)

.....

.....

Will this person be assisting you when you arrive back?

Yes No

If 'Yes', in what way will they be helping you? (e.g. accommodation, financial help, job offer etc.)

.....

SECTION 5 - CURRENT SENTENCE AND HISTORY OF IMPRISONMENT

What date do you expect to return to the UK?

(please give an estimate or state the month and year if you do not know the exact date)

Do you have to leave the country once your sentence is complete?

(i.e. will you be deported or expelled?)

Yes

No

In what prison are you currently held?

In what country are you currently held?

For what offence (crime) are you now serving a sentence?

.....
.....

How long is the sentence you received?

Please give details of any previous prison sentences (include dates and the alleged offence you were convicted for):

.....
.....
.....

Have you been in contact with the British Consul?

Yes

No

If 'Yes', what is their name and which city are they based in?

SECTION 6 - EMPLOYMENT

Will you be able to work when you return?

Yes

No

What is your usual job?

When did you last work?

Do you have any health problems that affect the work you can do?

Yes

No

If 'Yes', please tell us how this affects the work you can do.....

.....
.....

Do you have any money to meet your immediate needs when you return?

Yes

No

If 'Yes' please specify roughly how much money you will have £.....

SECTION 7 - PHYSICAL HEALTH

Do you have any diagnosed physical health problems/conditions? Yes No

If 'Yes', what are they?
.....
.....

When were you diagnosed?

What treatment have you had?
.....

How does this problem affect you on a day-to-day basis (e.g. work, mobility/getting around)?
.....
.....

Have you been prescribed medication for this condition? Yes No

If 'Yes' what medication is it that you take?
.....

Will you have medication with you when you arrive back? Yes No

Will you need to see a doctor on your arrival? Yes No

Will you be able to bring back medical records or other official proof of your diagnosis? Yes No

SECTION 8 - MENTAL HEALTH

Do you have any diagnosed mental health problems/conditions? Yes No

If 'Yes', what are they?
.....
.....

When were you diagnosed?

What treatment have you had?
.....

How does this problem affect you on a day-to-day basis (e.g. work, mobility/getting around)?
.....
.....

(Mental Health continued)

Have you been prescribed medication for this condition?

Yes

No

If 'Yes' what medication is it that you take?

Will you have medication with you when you arrive back?

Yes

No

Will you need to see a doctor on your arrival?

Yes

No

Will you be able to bring back medical records or other official proof of your diagnosis?

Yes

No

SECTION 9 - DRUGS AND ALCOHOL

Have you ever had a problem with drugs or alcohol?

Yes

No

If 'Yes', what drugs have you used?

When did you last use?

Have you ever had treatment for drug or alcohol dependency?

Yes

No

If 'Yes', please give details and dates

How have drugs or alcohol affected your life?

.....
.....
.....

Will you need any treatment or other support when you arrive back?

.....
.....
.....

Although we aim to provide you with as much support as possible, we realise that we may need to refer you to specialist agencies for specific issues. Are there any areas where you may require the assistance of specialist organisations (such as Alcoholics/Narcotics Anonymous, Terrence Higgins Trust (for HIV/AIDS concerns, etc.)?

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.....

SECTION 10 - OTHER INFORMATION

Please give us any other information you think might be useful for us to know. And tell us what help you think you will need from Prisoners Abroad.

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After having read our information about the resettlement process, please tell us what you intend to do now to start making preparations for your release? And in what areas do you think you will be able to do this (e.g. seeking help from relatives with accommodation/obtaining medical records etc?)

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SECTION 11 – ONGOING CONTACT WITH PRISONERS ABROAD

We regularly conduct research with ex-service users to ask for your feedback and assess the impact of our services. If you are willing to be contacted to take part in such interviews, please give us (if possible) a telephone number or an address in the UK where we will be able to get in touch with you.

Phone number

Address

.....

If you require this form in a large print format, please contact us. Our details are below.

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