|  |  |  |
| --- | --- | --- |
|  | **INITIAL NOTIFICATION OF MAPPA-ELIGIBLE OFFENDER (YOT)** | **MAPPA H** |

** Responsible YOT supervisor:**

Please complete sections 1 to 5 of this form and send it to your local MAPPA Co-ordinator 6 months before the release of a MAPPA offender

** MAPPA Co-ordinator:**

If you have any relevant information about this offender, please complete section 6 of this form and send it to the referring agency.

|  |
| --- |
| **1. CATEGORY OF OFFENDER** |
| The offender must fall into one of the MAPPA Categories summarised below. Please state which one applies. |
| 1. Registered sexual offender | YES / NO |
| 2. Violent or other sexual offender who has been sentenced to 12 months or more custody for a Schedule 15 offence under the Criminal Justice Act 2003 and is transferred to hospital under s.47/49 MHA 1983, or is detained in hospital under s.37 with or without a restriction order under s.41 | YES / NO |
| 3. Other dangerous offender – has been cautioned for or convicted of an offence which indicates that he or she is capable of causing serious harm **AND** which requires multi-agency management. This might not be for an offence under Sch.15 of the Criminal Justice Act 2003. | YES / NO |
| **2. OFFENDER INFORMATION** |
| Last name: |  |
| First name: |  |
| Date of birth: |  |
| Aliases: |  |
| Last known address: |  |
| Gender: |  |
| Ethnicity: |  |
| **3. CONVICTION / CAUTION INFORMATION** |
| Index offence: |  |
| Date of conviction / caution: |  |
| Sentence: |  |
| **4. VICTIM CONCERNS** |
| Is the victim known to the victim contact scheme? | YES / NO |
| If YES: |
| Please state what information has been provided |  |
| **5. NOTIFYING AGENCY INFORMATION** |
| Referring agency: |  |
| Name: |  |
| Grade: |  |
| Office: |  |
| Telephone number(s): |  |
| Email address: |  |
| Date sent to MAPPA Co-ordinator: |  |
| **6. INFORMATION HELD BY MAPPA CO-ORDINATOR** |
| Is there any information known to MAPPA, including information held on ViSOR regarding this offender, to help manage the risk he presents to the public? | YES / NO |
| If YES:  |
| Please confirm that the information has been passed to the referring agency |  |
| Date information sent |  |