



Thames Valley
Positive Relationship Programme
 Referrals to be sent to Prpreferrals@thamesvalley.pnn.police.uk

Participant Details	
Name	
Date of Birth	
Gender	
PNC ID	
Religion	
Address	
Postcode	

Partner's (ex) Details	
Name	
Date of Birth	
Gender	
Religion	
Address	
Postcode	
Relationship Status	

Suitability	Yes	No
Is the participant aware of this referral?		
Is the partner (ex) aware of this referral?		
Are there any children living at the address? (please provide details)		
Is there any ongoing criminal investigation?		
Has the participant shown an interest in completing this programme?		

Children's Name	DOB	Living with participant?

I understand and consent to the release of information held by the police and multiagency professionals, which is relevant to this programme, to be shared with the CRC Programmes team. I understand that CRC Programmes team will make contact with me to progress this referral.

Participant's signature.....Print name.....Date.....

Partner (Ex) signature.....Print name.....Date.....

Is the participant a repeat offender (more than 2 incidents with the same partner)	Yes/No
Is the participant a serial offender (2 or more victims)	Yes/No

<u>Supporting Summary</u>	<u>Risk Factors.</u>

Date of Referral	
Referring Agency	
Referred by	
Contact Details.	