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|  | Prison Based | Community Based |  |
| Number | Click to enter text. | Name | Include Alias Names. |
| Establishment |  | Date of Liberation | Select a date. |
| Source Name | Click to enter Name. |  |  |
| Source Organisation | Choose an item.  If Choice is Blank – Type Organisation Name. | | |
| Reason for Application | Choose an item. | Local Authority | Choose an item. |
| **Supporting Evidence for the authorisation of flexible release**  Compelling Information must be provided by the applicant that clearly evidences that alternative arrangements are required to address an individual’s reintegration needs prior to their agreed day of liberation, when submitting this application, the following should be provided;   |  | | --- | | **Clearly describe the service users’ community integration needs?** *(Housing, Employability, Access to support worker etc.What would be the impact on the individual if liberated on original liberation date?)*  Please enter your comments here | | **Describe why alternative arrangements are required?** *(Is this due to a lack of service or limited service availability on the day of liberation? If so, what is that? – and how would a flexible release date allow for access to these critical services?)* | | Please enter your comments here | | **Clearly describe proposed actions that would address their immediate needs?** *(What actions have been considered and decided upon that will support the individual, if granted a flexible release? These actions should be clearly stated.)* | | Please enter your comments here | | **Clearly describe how the proposed alternative arrangements will benefit the service users’ community integration?** *(Here it’s not just that the service user will have improved access to critical services, but what this will mean to the service user, what will be the improved outcome for them?)* | | Please enter your comments here | | | | |

**Please also add the evidence supporting this request in the accompanying email.**