

REFERRAL TO: Cork Alliance Centre, Desistance & Integration Support Programme
Sheila@corkalliancecentre.com



Phone: 021-4557878

Web: www.corkalliancecentre.com

Cork Alliance Centre, 6 St Patrick's Quay, Cork City, T23Y2EA

Details of person being referred

Name

DOB:

Phone No

Release Date

Prison:

PIMS

Address on release

Family Contact & Phone No:

Doctor's Name & Phone No:

OK to contact if necessary? Yes / No

Current Medical Card: Yes / No

Welfare Payment (on Release)

Barring or safety orders?

(either against the person or for their own protection)

Child protection issues:

Social Worker Name & Phone:

Links with in-prison services:

Links with services in the community:

Registered for housing? Yes / No

City or County council?

Most recent offence / sentence details :

Summary of previous convictions:

Upcoming

Court Dates:

Probation Officer

**CSS/CRS: Yes/
No/ Refused**

**Probation Order
& Expiry Date**

Identified needs and plans

Addiction

Mental
Health

Accommod
-ation

Training/
Education

Other

Referrer:

Contact No

Agency

Date