**Application for OBP work to be considered on a ‘by exception’ basis**

**as per Gold National Restrictions Briefing 5 January 2021**

Due to the latest Covid-19 restrictions “any new OBP programmes and interventions can only be introduced on a ‘by exception’ basis whereby risk justifies introduction (for example, prior to release of a high-risk offender). In such cases, the proposal must be approved by the PGD and submitted to the Gold Regime Panel who will decide on a case by case basis.” - Gold Briefing, 5th January 2021.

**If/when sites identify prisoners for an OBP while prisons are operating in Stage 4 restrictions please complete this form.** This should be submitted to the Gold Regime Panel via the PGD or Controller (for privately managed prisons). **Parts 1 and 2 will need to be completed in all cases but if there are two or more prisoners identified for the same OBP work ‘by exception’ then an ADF or small group can be proposed rather than 1-2-1 work.**

Consideration needs to be given to:

* Whether the proposed participant(s) will otherwise be unable to access recommended interventions before release or a parole hearing or, how over tariff the proposed participant(s) is/are;
* Whether sufficient resources are available for delivery;
* Contingency plans being in place should restrictions or resources change.

Sites should liaise with the POM/COM for any prisoner(s) put forward for OBP work ‘by exception’ and the regional OBP SPOC.

**Part 1:**

**Please complete for each prisoner being considered as needing OBP work ‘by exception’**

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| --- |
| Name and Number of prisoner: |
|  |
| Sentence Type: |
|  |
| Risk Level - from PNA/OGRS / OVP / SARA/ RM2000 etc (please state which) |
|  |
| Release date or PED date or tariff expiry date where prisoner is over tariff: |
| Date:  ARD / CRD / SED / PED/ TED / Other – please state. |
| Why does this require exceptional delivery? Please provide reasons |
|  |
| Confirm that the prisoner’s motivation has been checked and they are still ready and willing to engage |
|  |

**Part 2:**

**Please complete this form for any proposed exceptional accredited programme delivery.**

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| --- |
| Establishment |
| What is being proposed? |
| OBP:  Small group, ADF Group or 1-2-1 work:  If Group please state how many prisoners will be in the group and confirm whether it will be possible to switch to 1-2-1 work if required: |
| Proposed delivery details |
| Start date:  Anticipated completion date : |

**Part 3**

|  |
| --- |
| Confirm that resources are in place to enable delivery |
|  |
| Confirm that establishment Governor / Director supports the application:  Provide supporting comments if applicable. |
|  |
| Confirm PGD / Senior Contract Manager supports the application:  Provide supporting comments if applicable. |
|  |
| Confirm OBP Recovery team supports the application  Provide supporting comments if applicable. |
|  |
| Decision of Gold: |
| Approved / Not approved |
| Date: |