Irish Council for Prisoners Overseas

Supporting Irish Prisoners Overseas and their Families

Resettlement Assessment Form

Section 1 – Personal Details	
Full Name	
Date of Birth	
Place of Birth	
Prisoner Number	
Name of Prison	
Who is your next of kin and what is their relationship to you?	
(Note – You are giving us your authorization to discuss your case with this person, if they contact us. They should be over 18.)	

Section 2 – Identification (please circle the correct answer)

Do you hold a valid Irish passport? Yes No

If no, have you applied for a passport? Yes No

If no, have you previously held an Irish passport and when? .....

Do you have an Irish Personal Public Services (PPS) Number? Yes No

If yes, what is it?.....

Do you have an Irish birth certificate? Yes No

If yes, is it an original copy? Yes No

What other types of ID will you bring to Ireland with you?.....

Are you from the Traveller community? Yes No

(There may be particular organisations that we can refer you to)

Section 3 – Previous Residence in Ireland

Were you living in Ireland before you were arrested overseas? Yes No

If yes, please state when: From..... To.....

What date did you last leave Ireland?.....
(please give an estimate or state of month and year if you are not sure of the exact date)

Where in Ireland did you last live? (Please give address if possible) ……

……

Will you be returning to that area?.....

Where exactly do you intend to live when you return?.....

Do you have any immediate family living in Ireland? Yes No

If yes, please give further details……..

Will these relatives be assisting you when you arrive back? Yes No

If yes, in what ways will they be helping you? (e.g. accommodation, financial help, work etc.)

……

If you have no immediate family in Ireland, do you have any other relations or close friends living in Ireland?

Please give details……

Section 4 – Current Sentence and History of Imprisonment

What date do you expect to return to Ireland?
(Please give an estimate if you are not sure) ……

Do you have to leave the country once your sentence is complete? Yes No

If Yes, will you be deported or will you be required to leave of your own accord? (Please tell us what you know about the deportation process in the country concerned, e.g. will you spend time in an immigration detention centre, etc.)

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Have you ever been convicted of a sexual offence or arson? Yes No
(We ask this as it may impact on the kind of supports available post release)

What is the offence you are now serving a sentence for? ……

……

Are you facing charges in Ireland? Yes No

If yes, what for?

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Please list any previous prison sentences, including dates and the alleged offence you were convicted for. (We ask this information in order to establish if you will have registration requirements on arrival in Ireland)

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Section 5 - Employment

Will you be able to work when you return? Yes No

What is your usual job? ……

When did you last work (outside of prison)?……

Do you have any health problems that affect the work you can do? Yes No
If yes, please explain

……

……

Do you have any money to meet your immediate needs when you return? Yes No
If yes, please explain

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Do you intend to apply for social welfare/NI benefits when you return? Yes No

If yes, do you know what social welfare/NI benefits you can apply for? Yes No
If yes, please explain

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……

What level of education do you have? (junior cert, leaving cert, degree etc)

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Have you taken any courses while in prison? Yes No

If Yes, please give details ……..

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Section 6 – Physical and Mental Health

Do you have any diagnosed physical or mental health conditions? Yes No

If yes, please explain further

……..

How does this problem affect you on a day-to-day basis (eg work, mobility etc)?

……

……

Have you been receiving any support for mental health problems whilst in prison? (eg counsellor, psychiatrist etc)

If yes, please explain further

……..

Have you been prescribed medication? Yes No

If yes, what medications do you take?

……

Will you have medication with you when you arrive back? Yes No

(If you are not sure please talk to the medical team in the prison to make sure that you have a few days of your medication if possible, as it may take time to get a prescription in Ireland.)

Will you need to see a doctor on your arrival? Yes No

Are you registered with a GP in Ireland? Yes No

If no, are your family or friends aware of a GP that you can register with when you return to Ireland? Yes No

Will you be able to bring back medical records with you? Yes No

If not, are there any medical records held with a GP in Ireland which prove your diagnosis? If so, please provide your GP details

……..

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Do you consider yourself to be a disabled person? Yes No

Note “disability” under the Disability Act 2005 means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.

Section 7 – Drugs and Alcohol

Have you ever had a problem with drugs or alcohol? Yes No

If yes, please explain further?

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Have you ever had treatment for drug or alcohol dependency? Yes No

If yes, please give details and dates

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Will you need treatment or other support when you arrive back? What support do you think you would need? (e.g. rehab, counselling, detox etc.)

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How have drugs or alcohol affected your life?……

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Section 8 – Other Information

Are there any other specific issues that you will require support with on your return? We may be able to refer you to some specialist agencies.

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Please give us any other information you think might be useful for us to know and what help you think you will need from ICPO.

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Please tell us what you intend to do now to start making preparations for your release and in what areas you will be able to seek help? (e.g. seeking help from relatives with accommodation/obtaining medical records etc.).

……..

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Section 9 - Consent

Please note that by signing this form you give consent for us to discuss your details with agencies in Ireland who may be able to offer support to you on your release. Only the relevant information will be shared with them.

Signed.....

Date……

Section 10 – Ongoing Contact with ICPO

We occasionally conduct research with ex-service users to ask for your feedback on your experience in prison and to assess the impact of our services. If you are willing to take part in such interviews, please give us (if possible), a telephone number, email address or an address in Ireland where we will be able to get in touch with you.

Phone number.....

Address/Email address……..