



Home Office

HO Ref:

[REDACTED]

The purpose of the review is to ensure that the individual remains suitable for Electronic Monitoring (EM) and any supplementary conditions continue to be necessary and proportionate in light of the facts at the date the review is undertaken.

SUBJECT'S DETAILS:

PID		Date of Birth	
Full Name:		Immigration Bail Type:	
Nationality:			
Date Monitoring Started:			

BAIL ADDRESS:

Address:

Telephone Number:

Email:

TAGGING CONDITIONS:

GPS - no Curfew or Inclusion/Exclusion zones

OFFENDING HISTORY:

Offence type:

HARM / RISKS:

Harm Tier:		Risk of Re-offending (is it a MAPPA case?)	
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1. STATE ANY RELEVANT IDENTIFIED VULNERABILITIES / EXCEPTIONS / CHANGES OF CIRCUMSTANCES

I have considered the information on this case to determine if vulnerabilities or safeguarding issues exist which would mean that the current EM bail condition might be disproportionate. However, I have not identified any previously unknown vulnerabilities or other factors that would affect the decision to sustain the electronic monitoring condition.

Do these factors suggest an immediate cessation of EM is needed?

No

2. COMPLIANCE AND BEHAVIOUR

Is subject's attendance at reporting events satisfactory?"

Number of breaches across whole monitored period (including within last 3 months:

Compliance with EM conditions across whole monitoring period within acceptable threshold?

Number of breaches since last review:	
Compliance with EM conditions since last review within acceptable threshold?	
Further criminal offences resulting in a conviction since EM instigated?	
Absconded, currently out of contact, or continuously out of contact for more than seven days since last review?	
Mitigations sufficient to account for breaches?	Good compliance - no mitigations needed
Compliance and behavioural assessment	
<p>I have assessed Mr XXXX overall compliance with his immigration bail conditions, in particular his level of contact and his adherence to electronic monitoring.</p> <p>Mr XXXX is currently in contact and there have been no occasions where he has been out of contact for a period of time deemed to indicate non-compliance.</p> <p>I have also separately considered Mr XXXX compliance with EM. In this respect the evidence indicates that Mr XXXX has not breached his EM conditions and reporting events have all been met, either since his last review or across the whole period he's been monitored for. Mr XXXX is subject to weekly reporting on Mondays at ROM - XXX.</p> <p>As such, on balance I am prepared to consider that compliance overall is currently within an acceptable threshold.</p>	
Sufficiently Compliant?	Yes/No

3. SUPPLEMENTARY CONDITIONS:	
Are supplementary conditions in place?	No
Proportionality of the supplementary conditions: NB; N/A if no supplementary conditions or if still subject to any conditions are the periods still appropriate in terms of timing and length? Are there any grounds on which to alter the conditions?	
There are no supplementary conditions in this case. Mr XXXX is not subject to a curfew and is also not subject to any inclusion or exclusion zones.	

CONSIDERATION:
<p>In line with the agreed principles for assessing harmfulness, in particular considering Offending History, I have decided it is proportionate for Mr XXXX to be transitioned to a non-fitted device when they become widely available.</p> <p>In making this decision, I have taken due account of the time that Mr XXXX has already spent on a device, alongside his compliance with immigration bail conditions.</p> <p>Mr XXXX current barriers to removal have been identified and considered: <i>insert barriers</i></p> <p>On this occasion I am satisfied that Mr XXXX compliance has been of a high enough level that, taken together with the time he has already spent being monitored, that the risks appear sufficiently managed to support the transition to a non-fitted device when they become widely available.</p>

REVIEWER DETAILS:			
Name of Reviewer:		Date of Review	
Unit:	Electronic Monitoring Hub	Telephone:	

TEAM LEADER REVIEW VALIDATION			
Team Leader Name:		Date of Validation:	
Unit:	Electronic Monitoring Hub	Telephone:	

Team Leader Comments: