GUYANA PRISON SERVICE

ENTRY POLL

1. GENERAL INFORMATION		
Name:		**A.k.a.**
Date of Birth:	**Age:**	**Country of Birth:**
Nationality:		**Place/Region of Birth:**
Gender: M ( ) F ( )		**Registration No.:**

Address on Admission:

.....

.....

2. FAMILY

Marital Status: Married ( ) Single ( ) Divorced ( ) Common Law ( )

Children: Yes ( ) No ( )

Name and Age of Child/Children:

....

....

....

....

....

Do you support your Child/Children? Yes ( ) No ( ) If No. who takes care of them?

.....

.....

Who will take care of your Child/Children now that you are in prison?

.....

Contact Details:.....

3. RELIGION

Christian ( ) Hindu ( ) Muslim ( ) Other ( ) *please state:* .....

4. ETHNICITY

African ( ) East Indian ( ) Chinese ( ) Amerindian ( ) Portuguese ( ) Mixed ( )

Other ( ) *please state:* .....

5. HOBBIES

Art ( ) Craft ( ) Painting ( ) Woodcraft ( ) Joinery ( ) Reading (Other ( ) *please state:*

6. EDUCATION HISTORY

Primary ( ) Secondary ( ) Trade School ( ) College ( ) University ( ) Other ( ) *please state:*

7. LITERACY LEVEL

Very Literate ( ) Moderately Literate ( ) Low ( ) Illiterate ( )

8. TRADE SKILL

List Trade Skills

....

....

....

9. EMPLOYMENT BACKGROUND

Have you been a member of any of the following:

Private Security Company ( ) National Service ( ) People's Militia ( ) Police Force ( )

Other: Public Service ( ) Businessman ( ) Miner( ) Tradesman ( ) Labourer ( ) Self-Employed ( )

10. MEDICAL HISTORY

How do you consider your health? Excellent ( ) Good ( ) Fair ( ) Poor ( )

Do you have any of the following medical ailments?

High Blood Pressure ( ) Low Blood Pressure ( ) Heart Complications ( ) Cancer ( ) Ulcer ( )

STI/STD ( ) Psychiatric/Mental ( ) Hearing ( ) Sight ( ) Hernia ( ) TB Stomach ( ) Liver ( )

Other ( ) *please state:* .....

Do you have a clinic card? Yes ( ) No ( )

What medication are you currently using?.....

11. FAMILY NOTIFICATION

Do you need to inform your family that you are in prison? Yes ( ) No ( )

Contact Details.....

.....

12. OTHER BACKGROUND INFORMATION ON PRISONER

A. **Have you been imprisoned previously?** Yes ( ) No ( ) If *yes, in which country?*.....

Name of Prison .....

When ..... **Duration** .....

Charge (s) .....

.....

.....

.....

B. **Can you play any musical instrument?** ***If yes, please state:***

.....

.....

C. **If given the opportunity, which of the following area of studies or activity would you like to pursue?**

1. CSEC	( )	11.Metal Craft	( )	21. Fabric Design	( )
2. Literacy & Numeracy I	( )	12. Computer Care/Repairs	( )	22. Dress Making	( )
3. Literacy & Numeracy 11	( )	13. Block Making	( )	23. Anger Management	( )
4. Phonics	( )	14. Leather Craft	( )	24. Drugs Recovery Programme,	( )
5. Art & Craft	( )	15. Barbering	( )	25. Setting Goals & Objectives	( )
6. Carpentry & Joinery	( )	16. Agriculture	( )	26. Social Integration Courses	( )
7. Welding & Fabrication	( )	17. Apprenticeship	( )		
8. Tailoring	( )	18. Drama	( )		
9. Automobile Mechanic	( )	19. Meal Preparation	( )		
10. Electrical Installation	( )	20. Cosmetology	( )		

D. **Do you use illegal drugs?** Yes ( ) No ( ) *If yes, what kind*.....

E. **Do you use prescription drugs?** Yes ( ) No ( ) *If yes, what kind*.....

F. **Are you addicted to drugs?** Yes ( ) No ( ) *If yes, what kind*.....

G. **Were you ever in a drug rehabilitation programme?** Yes ( ) No ( )

H. **Would you like to attend a drug rehabilitation programme?** Yes ( ) No ( )

1. **Have you ever been deported? Yes ( ) No ( ).** *If yes, please state country* .....

Reason for Deportation .....

.....

.....

.....

.....

J. What is the nature of your present conviction?

1. Offence Against the Person	( )	16. Trafficking in Cocaine	( )
2. Attempted Murder	( )	17. Trafficking in Marijuana	( )
3. Manslaughter	( )	18. Possession of Cocaine	( )
4. Murder	( )	19. Possession of Marijuana	( )
5. Rape	( )	20. Trafficking in Other Narcotics	( )
6. Buggery	( )	21. Cultivation of Narcotics	( )
7. Incest	( )	22. Possession of Smoking Utensil	( )
8. Carnal Knowledge	( )	23. Breach of Motor Vehicle and Traffic Act	( )
9. Other Sexual Offences	( )	24. Breach of Spirit Act	( )
10. Offence Against the Property with Violence	( )	25. Breach of Immigration Act	( )
11. Arson	( )	26. Praedial Larceny	( )
12. Treason	( )	27. Maintenance of Affiliation Arrears	( )
13. Breach of National Security Act	( )	28. In Default of Payment of Debt	( )
14. Firearm and Ammunition Offences	( )	29. Breach of Piracy Act	( )
15. Inciting Racial Disunity	( )	30. Miscellaneous	( )

PREPARED BY : .....

RANK: .....

DATE: .....

REPORT BY SENTENCE PLANNING UNIT!
RISK ASSESSMENT

1. **Date of Interview:** .....

2. Interview Conducted By:

- Medex .....
- Welfare Officer .....
- Security Manager .....
- Prison School Teacher .....
- Literacy Officer .....

3. Evaluation:

.....

.....

.....

.....

.....

4. Recommondation:

It is recommended that the prisoner shouki he assigned the following:

Labour ( ) Medical ( ) 'Psychiatric ( ) Social ( ) Training ( )

1. CSEC ( )	11. Metal Craft ( )	21. Fabric Design ( )
2. Literacy & Numeracy 1 ( )	12. Computer Care/Repairs ( )	22. Dress Making ( )
3. Literacy & Numeracy 11 ( )	13. Block Making ( )	23. Anger Management ( )
4. Phonics ( )	14. Leather Craft ( )	24. Drugs Recovery Programme ( )
5. Art & Craft ( )	15. Barbering ( )	25. Setting Goal & Objectives ( )
6. Carpentry & Joinery ( )	16. Agriculture ( )	26. Social Integration Courses ( )
7. Welding & Fabrication ( )	17. Apprenticeship ( )	
8. Tailoring ( )	18. Drama ( )	
9. Automobile Mechanic ( )	19. Meal Preparation ( )	
10. Electrical Installation ( )	20. Cosmetology ( )	

5. Risk Assessment:

A. Select any of the following which describes the inmates:

Obedient ( ) Respectful ( ) Disrespectful ( ) Violent Impatient ( )

Leader ( ) Follower ( ) Role Model ( ) Hardworking ( ) Lazy ( ) Pleasant ( )

Ill-tempered ( ) Argumentative ( ) Jovial ( ) Friendly ( ) Moody ( )

B. Has Inmate Ever Attempted to or Escaped? Yes ( ) No ( )

C. EPDR: ..... FDR: .....

D. Amount of Sentence Completed Served: .....

E. Criminal History:

1st Offender ( ) 2nd Offender( ) 3rd Offender( ) Recidivist ( )

Drug Offender ( ) Sex Offender ( )

F. Level of Risk

High ( ) Medium ( ) Low ( )

G. Accommodation

Isolation ( ) Segregation ( ) Cell ( ) Open Dormitory

H. Participation in Programmes

Bahaviour Change ( ) Tee/Voe ( ) Steel Bank ( ) Religious ( ) Orderly ( ) Tutor ( ) Labour ( )

I. Referral

Referral to the Sentence Management Board may be made when the following are being considered:

Remission ( ) Pardon( ) Parole ( ) Reintegration ( )

REFERRAL TO SENTENCE MANAGEMENT BOARD ( )

Referred by: Sentence Planning Unit

- Medex .....
- Welfare Officer .....
- Security Manager .....
- Prison School Teacher .....
- Literacy Officer .....

APPROVED BY: .....

DATE: .....

PRISONERS EXIT POLL

1. Are you returning to your address given on admission? If no, where are you going to live?

Yes ☐ No ☐

.....

.....

2. Were you visited by your family while in Prison? If No, why?

Yes ☐ No ☐

.....

3. Did you enjoy a good relationship with your family while in Prison?

Yes ☐ No ☐

4. Do you need accommodation on discharge from Prison?

☐ 1 week ☐ 2 weeks ☐ 3 weeks and over

5. Did you have a skill prior to your imprisonment? If yes, what is the Skill?

Yes ☐ No ☐

.....

6. Did you acquire any skill while in Prison? If yes, What skill?

Yes ☐ No ☐

.....

7. Did you expect to be employed on discharge from Prison? If no, why?

Yes ☐ No ☐

.....

.....

8. How would you describe your experience in Prison?

.....

.....

9. Would you like to recommend any changes that would enhance the remaining of prisoners so that on discharge they would be better citizens? If yes, what changes ?

Yes ☐ No ☐

.....

.....

10. Would you agree with the phrase "Prison Officers are professional personnel?

☐ Agree ☐ Agree Disagree

☐ Disagree ☐ Strongly Disagree

11. What were the Prison locations that you served your term of imprisonment at?

☐ Georgetown ☐ Mazaruni ☐ New Amsterdam

☐ Lusignan ☐ Timehri ☐ Sibly Hall

☐ Female Prison

12. Did you participate in any retraining programme? If yes, what were they? If no, why?

.....

.....

.....

Surface : -

AGE ON DISCHARGE _____ PRISON DISCHARGE FROM

ETHNICITY _____ MARITAL STATUS _____

OFFENCE _____ BR. OF PRISON RULES _____

NO DAYS LOSS _____ NO DAYS GIVEN _____

PRISON SIG. _____

MEDICAL SHEET

NO. ..... Name:..... Age:.....

Sentence:..... Crime:.....

Date of Admission:..... Remanded at:.....

Class of Labour:.....

Date:.....

Medical History

Childhood History:.....

Past Medical History:.....

Past Surgical History:.....

Family History:.....

Social History:.....

Dental History:.....

Allergy:.....

Complain of: .....

Physical Examination

Height: ☐ Weight: ☐ H.B: ☐

Appearance

NAD: ☐ A.B: ☐ R.B.S: ☐

Heet:

NAD: ☐ B.P: ☐ ..... A.B: ☐ .....

Abdomen

NAD: ☐ A.B: ☐ .....

Skin

NAD: A.B: .....

Respiratory Symptom

Cough

Yes: ☐ No: ☐ .....

Fever:

Wheezing/SOB:

Yes: ☐ No: ☐ .....

Hemoptysis:

Yes: ☐ No: ☐ .....

Other Symptoms:

.....

.....

.....

.....

Examination Notes:

.....

.....

.....

.....

.....

.....

.....

.....

.....

Medical Examiner