**REFERRAL FORM**

1. **REFERRAL AGENCY DETAILS:**

|  |  |
| --- | --- |
| **Name and Job Title:** | **Organisation:** |
| **Address:** | **Telephone:****Email:** |
| **Date of the referral:**  |  |
| **Is the Young Person aware of this referral and consented to it?** | **[ ]  Yes [ ] No** |
| **Which service would you like to refer young person to?**  | **[ ]  Young Person’s Advocacy** **[ ]  Multi-disadvantage Advocacy****[ ]  Therapeutic support** **[ ]  Resilience support group**  |

1. **YOUNG PERSONS DETAILS:**

|  |  |
| --- | --- |
| **Young person’s Name and Surname** |  |
| **Address of young person (if applicable)** |  |
| **Borough YP resides in:** |  |
| **School and address:**  |  |
| **D.O.B and Age:** |  |
| **Gender:** |  |
| **Ethnicity:**  |  |
| **Religion:**  |  |
| **Marital Status:** |  |
| **YP Contact number and email:**  |  |
| **Is it safe to contact?** | **[ ]  Yes [ ] No** |
| **Disability (illness, impairment, allergies)** | **[ ]  Yes [ ] No****[ ] Physical disability [ ] Hearing disability** **[ ] Learning disability [ ] Vision disability** **[ ] Mental Health disability** **Additional notes:**  |
| **Is an interpreter needed?** | **[ ]  Yes [ ] No****Which language?** |
| **Child Primary Language**  |  |
| **NOK Contact details (mobile or email) if applicable** |  |
| **Is it safe to contact?** | **[ ]  Yes [ ] No** |
| **Who has parental responsibility? (provide first and last name)** |  |
| **Who does the YP live with?** |  |
| **Any contact arrangements or difficulties?**  | [ ]  **Yes** [ ] **No****Please detail:**  |

1. **REASON FOR THE REFERRAL?**

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| --- |
| **What is the main reason for the referral?** |
| **Is the abuse current?** | [ ]  **Yes** [ ] **No** |
| **Is the abuse historic?** | [ ]  **Yes** [ ] **No** |
| **Alleged perpetrators relationship to young person?**  |  |
| **Any contact with the perpetrator?** | [ ]  **Yes** [ ] **No****Please detail:**  |

1. **TYPES OF ABUSE EXPERIENCED?**

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| --- |
| **Please indicate types of abuse experienced (Please tick relevant box)****[ ]  Domestic Violence [ ]  Gang related violence** **[ ]  Sexual abuse and exploitation [ ]  Rape** **[ ]  Forced marriage [ ]  Harassment and Stalking** **[ ]  Honour based violence [ ]  FGM** **[ ]  Trafficking [ ] Child Sexual Exploitation** **[ ]  Prostitution** **[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Types of abusive behaviour experienced- please tick all that apply** **Physical Yes [ ]  No [ ]  Emotional Yes [ ]  No [ ]** **Sexual Yes [ ]  No [ ]  Jealous/controlling behaviour Yes [ ]  No [ ]** **Financial Yes [ ]  No [ ]  Harassment/Stalking/Surveillance Yes [ ]  No [ ]** **Has the CYP directly witnessed abuse of someone else? Yes [ ]  No [ ]** **Has the CYP indirectly witnessed abuse of someone else? Yes [ ]  No [ ]**  |

1. **PLEASE INDICATE ANY CURRENT ISSUES AND SUPPORT NEEDS**

|  |
| --- |
| **FOR THE YOUNG PERSON (please check relevant box):**  **[ ]  Challenging behaviour**  **[ ]  Struggling to express emotions**  **[ ]  Struggling to express anger constructively**  **[ ]  Is withdrawn or continually unhappy** **[ ]  Struggling with school attendance** **[ ]  Lack of aspiration and motivation for schoolwork and progression**  **[ ]  Lack of interest into after school activities**  **[ ]  Lack of friends (social isolation)**  **[ ]  Low self-esteem and confidence** **[ ]  Using substances**  **[ ]  Self-harming/ at risk of self-harming**  **[ ]  Struggling with bullying/cyber bullying**  **[ ]  At risk of offending** **[ ]  Involvement with crime**  **[ ]  Risk of gang association**  |

1. **SAFEGUARDING**

|  |  |
| --- | --- |
| **Are child services involved in this case?** | **[ ]  Yes [ ] No [ ] Don’t know**  |
| **Level/nature of involvement** | **[ ]  Child in need [ ]  Supervision Order****[ ]  Child protection [ ]  Voluntary Care Order** **[ ]  Care Order [ ]  Team Around the child** **[ ]  Other**  |
| **Any other services involved (YOT, CAMHS)** | **[ ]  Yes [ ] No [ ] Don’t know** |
| **Level/nature of involvement –notes** |  |
| **Is the young person in conflict with any other person?** | **[ ]  Yes [ ] No [ ] Don’t know** |
| **Level/nature of conflict**  |  |
| **Anything else that would impact young person’s engagement with the service/programmes?** | **[ ]  Yes [ ] No [ ] Don’t know** |
| **If so please give more details** |  |
| **Please include a short summary of the reasons for this referral and any other relevant information.**  |  |

**PLEASE RETURN REFERRALTO:** **cypservice@solacewomensaid.org**