**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?**

|  |  |
| --- | --- |
| **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?**

|  |
| --- |
| **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**](mailto:CYPservice@solacewomensaid.org)