**Young Persons**

**Referral Form (11-17 years)**

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| **Self-Referral** | **Yes No** | |
| **ClientDetails** | | **Referrer Details** |
| **Name:** | | **Name:** |
| **Date of referral:** | | |
| **Address:**  **Postcode:** | | **Organisation:** |
| **Tel:**  **Mobile:** | | **Relationship to client:** |
| **Emergency Contact**  **Name:**  **Number:** | **Gender:** | **Tel:**  **Mobile:** |
| **D.O.B:** | **Age:** | **Email:** |
| **Ethnicity:** | | **How did you hear about this service?** |
| **Nationality:** | |
| **Can the client be contacted at home?**  **Y / N** | | **Has the young person agreed to this referral?**  **Y / N** |
| **Are parents/carers aware of starting support?**  **Would you like your parent/carer to know about you starting support?** | | **Give details** |

#### Please let us know background history/substances the young person is using and any details about where / when / how much (if known)

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**Other Important Information (Please Circle)**

Are Social Services involved with the young person Yes No

Has/is the young person involved in gang related activity Yes No

Has/is the young person involved in selling drugs Yes No

Is the young person working with the YOT Team Yes No

Does the young person need an interpreter Yes No

Does the young person have learning difficulties Yes No

Does the young person present with any risks such as self-harm/ Yes No

sexual abuse/parental substance misuse etc.

Are there any locations/areas in the borough that present a risk to the young person Yes No

If **yes** to any of the above, please provide any details below including any other known issues:

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Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_