|  |  |
| --- | --- |
| Referral date |  |



Young Person’s Details

|  |  |
| --- | --- |
| Does the young person consent to the referral? | [ ] Yes [ ]  No *- if no, please inform referrer that this consent needs to be sought before we are able to accept the referral.*  |
| First name |  | Surname |  |
| Date of Birth |  | Age |  |
| If young person is under 13, parental consent is required. Does the parent consent to the referral?  | [ ] Yes [ ]  No *- if no, please inform referrer that this consent needs to be sought before we are able to accept the referral.* |
| If young person is over 19, please give details around learning disability or vulnerability |  |
| Sex | [ ]  Male [ ]  Female | Nationality |  |
| Disabilities |  | Speaks English | [ ]  Yes [ ]  No |
| Religious beliefs |  | Ethnicity |  |
| Address |  |
|  | Postcode |  |
| Contact Number |  | Contact Info |  |
| Alt Contact Number |  | Alt Contact Info |  |

Guardian Details

|  |  |
| --- | --- |
| Are parents / carers aware of this referral? | [ ]  Yes [ ]  No*If the child/young person is under 13, consent from parent/carers will be required* |
| If not, why? |  |
| Name of next of kin |  | Relationship |  |
| Contact number |  | Alternative Contact number |  |
| Contact Info *e.g. best time to call* |  |

Referrer Details

|  |  |
| --- | --- |
| Name of referrer |   |
| Relationship to client |  |
| Name and address of organisation |  |
| Contact number |  |
| Contact info *eg best time to call* |  |
| E-mail address |  |  |  |
| Initial contact arrangements *e.g. will referrer set up first appointment, contact young person directly* |
| How did you hear about our service? |  |

**Referral Information**

|  |
| --- |
| Reason for referral / additional information* What happened to prompt referral?
* How is yp affected?
* Ask about friends, family, positive and negative things.
* What are they worried about?
* What is yp worried about?
* Does the user acknowledge the impact on yp?
* What has happened so far for support?
* Mental health?
* Police? YOT?
* School/college support?
* What does yp hope to get from our service? YP views.
* If appropriate, any cse/cce risk screening
* Any witnessing/experiencing domestic abuse/ ACE’s we should be aware of?
 |
| Impact on Young PersonHow is the situation affecting yp? (behaviour, emotional, stability in housing and finances, school etc) | Young Person’s viewpointWhat have they said – Yp’s words. Do they want support? What needs to change? |
| Young Carer | [ ]  Yes [ ]  No |
| Any potential risks or concerns | Also any risks to worker doing home visit, is it recommended or are there other people there who aren’t safe?Any pets? (allergies, dog bites etc.) |
| Who is the user?Gender of user | [ ]  Parent [ ]  Step Parent [ ]  Sibling [ ]  Other: [ ]  Female [ ]  Male |
| Is user living with family? | [ ]  Yes [ ]  No | Is the user aware of the referral |  [ ]  Yes [ ]  No |
| Substance Type 1 |  [ ]  Current [ ]  Historical |
| Substance Type 2 |  [ ]  Current [ ]  Historical |
| Substance Type 3 |  [ ]  Current [ ]  Historical |
| Other information about substance use |  |
| Is the user currently receiving support for their substance use? | [ ]  Yes, please give details: [ ]  No |

**Multi Agency**

|  |  |
| --- | --- |
| Is the family receiving any statutory interventions? | [ ]  Section 17 – Child in Need [ ]  Section 47 – Child Protection[ ]  FSP [ ]  Other Children Services Involvement [ ]  No [ ]  Not known |
| Lead Professional/Social Worker |  |
| Are there any other services involved with the family? E.g young carers | Young Carers, YOT, education, Early help etc |
| Which education provision is the child/young person attending? |  |

**Please return referral form via email to:**

**unity@matthewproject.org**