|  |  |
| --- | --- |
| 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 Person  How is the situation affecting yp? (behaviour, emotional, stability in housing and finances, school etc) | | Young Person’s viewpoint  What 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**