**Referral Form for Children or Young Persons (age 13 -19)**

|  |  |
| --- | --- |
| **Referrer Details:** | |
| Family Member | 🞎 | Contact details (only if different from above): | |
| **Agency** | 🞎 | Name of organisation: |  |
| Name of referrer & Job Title: |  |
| Address: |  |
| Contact phone number/s: |  |
| Email: |  |

|  |  |
| --- | --- |
| **Date of referral** |  |
| **Has the family consented to this information being shared and a referral made to STREET?** | | | | | | **Y** | N |
| **Has the young person consented to this information being shared and a referral made to STREET?** | | | | | | **Y** | N |
| **Young Persons Surname:** |  | **First Name:** |  | | | | |
| **Date of Birth:** |  | **Gender:** | **Male** | **Female** | **Other** | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Young Persons Address: |  | | | | Is it safe to write to this address? | Y | N |
| Home tel |  | Is it safe to call? | Y | N | Is it safe to leave a message? | Y | N |
| Mobile tel |  | Is it safe to call or text? | Y | N | Is it safe to leave a message? | Y | N |
| Email: |  | | | | Is it safe to email? | Y | N |

|  |  |  |
| --- | --- | --- |
| Is the young person in an abusive/unhealthy relationship? | Y / N | Brief circumstances |
| Is the young person witnessing/affected by parental DA? | Y/N | Brief circumstances |
| Is the young person exhibiting abusive behaviour? | Y/N | Brief circumstances |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Parent/Carer/Appropriate contact Person name: | Title | | Forename | | | Surname | |
|  | |  | | |  | |
| Address for Parent/Carer/Contact Person:  (if different from above) |  | | | | | | |
| Telephone number & email address (if known) | Mobile | | | | Home | | Email |
|  | | | |  | |  |
| Who should initial contact be made with?  Please note we will only initially contact children 15 and under via an appropriate adult  Please include details if different from above. |  | | | | | | |
| Name/s and circumstances of all people with parental responsibility: |  | | | | | | |
| Parental consent given to contact the young person directly, if aged 13-16? | Y | N | | Details | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Is the young person experiencing any of these?** | **Mental Health issues** | **Y** | **N** |
| **Drug issues** | **Y** | **N** |
| **Alcohol issues** | **Y** | **N** |
| **Behavioural issues** | **Y** | **N** |
| **Any other issues?**  Please give details. |  | | |
| **What does the young person want from this service?** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other professionals involved with the young person, if known:** | | | |
| **Role** | **Agency** | **Name** | **Contact Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **School/college** | **Key Contact Name (if any)** | **Contact Number** | **Is school aware of this referral?** |
|  |  |  | **Yes/No** |

|  |  |  |
| --- | --- | --- |
| **Is this young person subject to Child Protection plan?**  **Level of need (please circle): Child Protection / child in need / universal services / looked after child / other** | Y | N |
| **Does this young person have any additional or special needs?** | Y | N |
| If yes, please give details: | | |

|  |  |
| --- | --- |
| **Please explain the reason for referral:**  Please continue on a separate sheet if necessary. |  |
| **Any other relevant information, eg details of the person causing harm** |  |

|  |  |
| --- | --- |
| **Have you completed a Domestic Abuse risk assessment? If so, please attach**  **If not, you can find a Young People’s DASH** [**here**](https://www.gdass.org.uk/wp-content/uploads/2019/12/YPDASHform.docx) **and guidance on how to complete it** | **Yes/No** |

All referrals will be assessed upon receipt. Where we assess that STREET is not the appropriate service the referral will be returned to source with explanation, or with the young person’s/parental consent, will be referred on to other more appropriate agencies.

If we are unable to support the young person for whatever reason (for example, through non-engagement of them or their non-abusive parent or if they are uncontactable) or if we refer them elsewhere with their consent, we will notify the referring source.

**STREET contact details**

**T: 01452 228802**

**E:** [**streetreferrals@victimsupport.org.uk**](mailto:streetreferrals@victimsupport.org.uk)

**Sending referrals securely**

The STREET service can receive referrals via email in the following ways:

1. Via CJSM : [streetreferrals@victimsupport.cjsm](mailto:streetreferrals@victimsupport.cjsm).net
2. Via Egress with message set to Secure: [streetreferrals@victimsupport.org.uk](mailto:streetreferrals@victimsupport.org.uk)
3. Via password protected form with password emailed separately to [streetreferrals@victimsupport.org.uk](mailto:streetreferrals@victimsupport.org.uk)

Victim Support will always protect the confidentiality of service users and will not pass on personal details or any other information that could identify someone without their permission, unless we believe that person or someone else is at risk of harm or if there is a legal reason or requirement to disclose the information. Find out more about [confidentiality](https://www.victimsupport.org.uk/help-and-support/how-we-can-help/confidentiality). If we suspect that a child or young person is at risk of harm we must inform children’s services. This is a legal requirement.

For more information on how Victim Support treats your data see [**www.victimsupport.org.uk/privacy-policy**](http://www.victimsupport.org.uk/privacy-policy)