

# Lambeth Prevention Referral Form

If you would like more information or would like to discuss a referral you can contact the Prevention Team  
[prevention@lambeth.gov.uk](mailto:prevention@lambeth.gov.uk) 02079269486

Name of the child:	DOB/Age:
Phone Number:	Address:
Referrer:	Referral Date:
School:	Can the young person be seen at school? Yes/No
<b>Referral Reason:</b>          	
<b>Any additional Information:</b> (Please include information about education/school, peer relationship, known family dynamics)          	
Consent/agreement to engage obtained from young person	Yes or No
Consent/agreement to engage obtained from parent/carer(s)	Yes or No

**Please send completed referral form to [prevention@lambeth.gov.uk](mailto:prevention@lambeth.gov.uk)**