

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/ 02079269486

Name of the child:	DOB/Age:
Phone Number:	Address:
Referrer:	Referral Date:
School:	Can the young person be seen at school? Yes/No

Referral Reason:

Any additional Information: (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