# Referrer

|  |  |
| --- | --- |
| Name and Job title: |  |
| Agency and Address: |  |
| Telephone: |  |
| Email:  |  |
| Date of referral: |  |

# Young Person’s Details

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| PNC Number:  |  |
| Where does young person live (address) and with whom?  |  |
| Ethnicity and Religion: |  |
| Gender: |  |
| Young person’s social care legal status (CiN/LAC) |  |
| Has the young person been referred to the local HSB/ASHA panel? |[ ]  Referred |[ ]  Heard |
| If the case has been heard at panel what was the recommendation? |  |
| Does the young person have any of the following diagnoses or are they being assessed for any of these diagnoses? |
|   | Being assessed  | Diagnosed | Not known |
| ASD |[ ] [ ] [ ]
| ADHD |[ ] [ ] [ ]
| Learning disabilities or challenges (please specify) |[ ] [ ] [ ]
| Any other mental or physical disabilities |[ ] [ ] [ ]

# Sexual Offence Details

|  |  |
| --- | --- |
| Nature of sexual offence or concerning sexual behaviour (please include details of any previous offences or concerning behaviours if known): |  |
| Dates of Sexual Offences/Concerns: |  |
| Sentence Given (if applicable): |  |
| Start and End Dates of Sentence (if applicable): |  |

# Support Network and Needs

|  |  |
| --- | --- |
| Current Support Network(details of any family or significant relationships) |  |
| Other Support Agencies(e.g. school, social care, CAMHS, YJS/YOS)Please include contact details for social worker or other statutory lead agency contact |  |

# Willingness to Engage

|  |  |
| --- | --- |
| Have you spoken to the young person and their family about our Young People’s Projects?  |  |
| Is the young person willing to engage? |  |
| Is the young person’s family willing to engage?  |  |
| Does the young person and/or their family give permission for their records to be accessed for the purpose of setting up the support?  |  |

# Overview of the young person’s background and support needs:

|  |
| --- |
| What does the young person need support with?What is the young person’s background?What support does the young person currently have? |

Please send also any relevant assessments or reports to give further information about the young person.

# How did you find out about Safer Living Foundation Young People’s Projects?

[ ]  Referred a young person previously

[ ]  Recommended by a manager or colleague within your organisation

[ ]  Recommended by another professional

[ ]  Presentation from SLF staff

[ ]  Other (please specify):

|  |
| --- |
| Please complete and return this form to: Young People’s Project CoordinatorsEmail: slfhmpwhatton@justice.gov.ukTel: 01949 803234Address: Safer Living Foundation, HMP Whatton, New Lane, Whatton, NG13 9FQOnce received, a coordinator will make contact with you to discuss the referral in more detail and obtain further information and documentation.  |