# 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 Coordinators  Email: slfhmpwhatton@justice.gov.uk  Tel: 01949 803234  Address: Safer Living Foundation, HMP Whatton, New Lane, Whatton, NG13 9FQ  Once received, a coordinator will make contact with you to discuss the referral in more detail and obtain further information and documentation. |