

REFERRAL DETAILS

Name of young person: _____ Date of birth: _____
 Address: _____ Age: _____
 Gender: _____
 Postcode: _____ Phone number: _____
 School: _____ Referral date: _____
 Is the young person aware of the referral? Yes No **(PLEASE NOTE THIS IS ESSENTIAL)**

Parent/Carer name: _____ Phone number: _____
 Parent/Carer name: _____ Phone number: _____
 Family background/ relationship with parents/ carers: _____
 Is the parent/ carer aware of referral and do they consent to share information? Yes No
PLEASE NOTE: We will not be able to support the Young Person unless consent has been obtained

GP surgery: _____
 Any known professionals working with the young person? Or has the young person been referred to any other service? (e.g. School Counsellor, Connexions, Youth Workers, Social Services, CAMHS – the Child and Adolescent Mental Health Service, PCAMHS etc.): _____

Ethnicity of Young Person

WHITE <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other	BLACK or BLACK BRITISH <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other	ASIAN OR ASIAN BRITISH <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese <input type="checkbox"/> Arab <input type="checkbox"/> Other	MIXED <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other
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Does the young person have any disabilities or special educational needs, or special requirements? Yes No
 If yes, please describe: _____
 Is the YP NEET (Not in Education, Training or Employment?) Yes No
 Is the young person a carer? Yes No

Referrer name: _____ Phone number: _____
 Referrer organisation: _____
 Relationship with YP: _____
 Email address: _____



Support for Young People
Affected by Crime

Please call us on **01865 582495** for assistance



REASON FOR REFERRAL

Details of crime/incident:

Date/s:

Has this been reported to the police?

What are the presenting issues? (eg anxiety, anger, sleep issues, fearful etc):

Please complete this section as fully as possible with input from the child or young person if possible

What has been the biggest impact of this experience?

What is the young person struggling with?

What is working well?

What would they like to change?

What support is already in place?

Is there anything about the young person or their home that we should be aware of?

Any further comments:

Completed referral forms should be sent by secure email to safe@safeproject.org.uk

We will contact the referrer upon receipt of the referral

For more information see our website: www.safeproject.org.uk