**Referral Form**

|  |  |
| --- | --- |
| Young Person’s Information | |
| Name |  |
| Referral Number or Liquid Logic Number |  |
| Current Address |  |
| Contact Number |  |
| DOB & Age |  |
| Gender |  |
| Ethnicity  Faith or Belief |  |
| Health Concerns  Allergies  Medication |  |
| Language / Specific Communication Needs |  |
| Disability  Please provide details of any disabilities |  |
| Name and Contact Details of Parents/Carers | Name(s):  Relationship:  Address (If different from above):  Telephone number:  Email: |
| Is the young person currently engaging with any other agencies or services?  If yes, please list professionals |  |

|  |  |
| --- | --- |
| Referral Information | |
| Date of Referral |  |
| Name of Referrer |  |
| Job Title and Relationship to Young Person |  |
| Telephone Number of Referrer |  |
| Email Address of Referrer |  |
| Name and Address of current School/College/Educational Provision | Name:  Address:  Named Contact and Telephone Number: |
| Support Hours Required | **Days Times**  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday |
| Reason(s) for Referral  Please use thus space to expand on the reasons for referral. This will help us in providing the best support for the young person.  Any identified support needs to be met within sessions. |  |

|  |  |
| --- | --- |
| Initial Risk Assessment | |
| Please answer the following questions YES or NO:  If you answer YES to any of these questions, please expand in the space provided below. | |
| Are there any risks for lone working? | **YES/NO** |
| Does the young person display aggressive behaviour towards professionals, members of community or other young people? | **YES/NO** |
| Does the young person present any risks whilst being transported? | **YES/NO** |
| Do you have any child protection concerns regarding this young person? | **YES/NO** |
| Do you have any concerns about the mental health of the young person or anyone in their family? | **YES/NO** |
| Is there any further information that you can give, such as any sensitive issues to be aware of? | **YES/NO** |
| Please give any additional information: | |

Please return to: chapterone@connections2independence.com