If handwritten, use BLOCK CAPITALS

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| **Consent to Referral** |
| Please be aware that We Are With You in Lancashire is a consent driven service, young people engage on a **voluntary** basis; it’s important that you are motivated to make changes and want to engage with our service. **I (YP’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to this referral to We Are With You in Lancashire, I understand that I will contacted by a worker from this service and agree that my information can be held for the purposes of this referral: Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**Parental/guardian consent has been gained for this referral being made (advised if aged 13 or under, or there is a question around capacity): **Yes** [ ]  **No** [ ] **I (Parent/guardian name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to this referral to We Are With You in Lancashire, I agree that my information can be held for the purposes of this referral:** **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Client Details** | **Client Details** |
| **Name:** **Date of Birth:** **Age:** **Gender:** Male [ ]  Female [ ] **Sexual Orientation:** Heterosexual [ ]  Lesbian [ ]  Gay [ ]  Bisexual [ ]  Other [ ]  Prefer not to say [ ] **Address:** **Town / City:** **Postcode:** **Phone:** **Email:** **Contact by:** Post [ ]  Phone [ ]  Email [ ]  **Nationality:** British [ ] Other: **Ethnicity:** White British [ ] Other: | **Is the young person transgender?** Yes[ ]  No[ ] **Does the young person have children?**Yes [ ]  No [ ]  Due to be a parent [ ]  Unknown [ ] Further details: **Is the young person living/staying with other children?**Yes [ ]  No [ ]  Unknown [ ] If *Yes*, please state the number of children below:**Any armed forces involvement?**Current [ ]  Veteran [ ]  Family member [ ]  None [ ]  **Is the young person a refugee/asylum seeker?**Yes[ ]  No[ ] **Does the client’s family want support?** Yes[ ]  No[ ]  |
| **Details of Emergency Contact** | **Education, Employment & Training** |
| Name: Address: Town / City: Postcode: Phone:Email:Relationship to client: **Do you consent for us to contact your named emergency contact if we are unable to contact you for any reason?** Yes ☐ No ☐ | Education/training [ ]  Employment [ ]  NEET [ ]  Unknown [ ]  Details of the above: **Referrer Details:**Name: Address / Agency: Town / City: Postcode: Phone: Email: Job title (if agency): |

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| **Reason(s) for referral:**Substance misuse [ ]  Drug education [ ]  Substance use by parent/relative [ ]  Other:  |
| **Substance Use** |
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| **Name of substance:** | **Frequency of use:** | **How long used for:** | **Quantity (units/grams):** |
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None [ ]  Unknown [ ]   |

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| **Multi-Agency Involvement:** If working with other agencies, please provide details (e.g. social worker) |
| Social care [ ]  Children and Family Wellbeing service [ ]  Offending (YOT, etc.) [ ] Domestic abuse [ ]  Housing/homelessness [ ]  Primary care/GP [ ]  Mental health [ ]  |
| Name:Contact Number:Agency: | Name:Contact Number:Agency: | Name:Contact Number:Agency: |

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| **Risk Assessment:** Please complete the risk assessment below, providing as much information as possible  |

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| **If you have experienced any of the following issues, please provide details:** Substance use, mental health concerns, self harm, suicidal ideation, suicide attempts, exploitation, harassment, DA and risks from or to others:Historic (incidents older than 6 months): Current: |
| **Any triggers for risks identified above, plans in place to manage risks identified above, agencies involved in managing risks identified:** |
| **Please provide general details regarding your current situation, support needs and an overview of your background history which you may feel is relevant to include in this referral:** |

Referral taken by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred place of meeting (school, college, GP surgery, community centre): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send your fully completed referral form to:** **spoc.yalancs@wearewithyou.org.uk**