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** |
| |  |  |  |  | | --- | --- | --- | --- | | **Name of substance:** | **Frequency of use:** | **How long used for:** | **Quantity (units/grams):** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   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**](mailto:spoc.yalancs@wearewithyou.org.uk)