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|  | **Date of Referral:** | **School Attending and Current Year Group:** |
|  | **Name & Address of Referring Agency:** | **Name of Person Referring:****Position:****DSL contact:** |
|  | **Telephone Number/ Contact Email:** | **Relationship to Young Person:** |
|  | **Young Person’s First Name:** | **Surname Name:** |
|  | **Home Address:** | **Date of Birth:** | **Gender:** | **Ethnicity:** |
|  | **Parent/carer’s Name:****Contact number:****Email:** | **Have parents given consent for this referral?** | **Is the child aware of the referral?** |
|  | **GP Name:****GP Address/Number:** |
|  | **Care plan information. Any other services involved?** i.e., social services, child protection, police, CAMHs. |
|  | **Which Safeline service are you interested in referring to?**□ Young People’s Projects (holiday and peer support).□ One to One Safer Relationships Course.□ One to One Prevention Course. □ Individual Therapeutic Counselling / Therapy.□ ISVA (Independent Sexual Violence Advisor). |
|  | **Personal Care Needs:** Allergies, disabilities, medication, behavioural needs |
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| **Reason for Referral: i.e. significant events.** |
| **Any other Information you feel is appropriate:** |
| **Risk Assessment:** Please include risk to self (e.g. drug & alcohol misuse; self-harm; suicide) and risk to others.Are there any Lone Working risks with this Child/Young person? |
| **This referral has been discussed with the young person, they are aware of the contents and understand the referral has been made to Safeline. Please be aware we may contact parents in regards to this referral.**Signed (referrer)………………………………………………….. Print name ………………………………………………..Signed (young person) ……………………………………….. Print name …………………………………………………Signed (Parent)………………………………………………….. Print name ……………………………………………….. |
| **Return to:****Safeline****6a New Street****Warwick****CV34 4RX** | **Tel: 01926 402498****E-mail :** **office@safeline.org.uk****Website:** [**www.safeline.org.uk**](http://www.safeline.org.uk) |

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|  |  | **Office Use Only:** | Client ID Number: |
|  |  | Start date: | One to One Mentor: |
|  |  | End date: |  |