**Pan-London CYP Sevice Referral Form**

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| **Has the referral been discussed withth child or young person and have they (if aged 13+) or their family consented to the following information being shared and to this referral being made?**  |
| **Yes / No**(If **no**, please gain consent before completing this form) |
| **Child/young person being referred** |
| **Name:** | **Date of birth:**  | **Gender:** |
| **Address:****Contact number(s) – home/mobile:** | **Preferable way to make safe initial contact** **(e.g. telephone child directly, meet at school, home visit):** |
| **School/college attended (if known):****Contact details:** | **GP name (if known):****Contact details:** |
| **Ethnicity:** | **Religion:** |
| **Language(s) spoken:** | **Sexual orientation (if known):** |
| **Reason for the referral. Please outline the support needs and risk factors that have led to this referral:** |
| **Safe carer (parent/guardian)** |
| **Name:** | **Relationship to child:**  |
| **Does safe carer have legal parental responsibility?** Yes / No **If no, who does?**  | **Contact details of safe carer:** |
| **Is it safe to leave a voice mail/ send a letter or text?****Please advise which and details in box opposite:** |  |
| **Language(s) spoken:** | **Support needs** (physical disabilities, learning difficulties, mental health issues, etc)**:** |
| **Perpetrator(s) – if multiple perpetrators, please give details for each (Perp 1,2 etc)** |
| **Name(s) if known:** | **Relationship to child** (parent/boyfriend/family member, etc)**:** |
| **Address (if known):** | **Ages (if known):** |
| **Language(s) spoken:** | **Ethnicity:** |

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| **For Relationship Abuse referrals only: Relationship status**  |
| **Please complete the relevant statement(s) below. This will help us to assess whether it will be safe to work directly with the child/young person.**Have the abusive person and non-abusive person separated in the past year? Yes / NoHas the young person separated from their abusive partner? Yes / No |
| **Please give details about the relationship status** (e.g. separated/still in relationship, living together/apart, separated but harassment still ongoing, level of contact with the abuser, including any formal contact arrangements in place, any criminal or civil proceedings)**:** |
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| **Worker safety** |
| **Are you aware of anything that could impact on a worker’s own safety when working with this child/young person?** (e.g. child/young person’s offending/aggressive behaviour, gang involvement, perpetrator’s behaviour, etc)Yes / No / Don’t know |
| **If yes, please give details:** |

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| **Other relevant professionals** |
| **Are there any other agencies involved with the child/young person or family?** Yes / No / Don’t know **If yes, please give details in the space provided below.** |
| **Organisation name and contact details (including email/phone)** | **Name and job title of individual/lead worker** | **Details of role and involvement** |
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| **Referrer**  |
| Name: | Job title: |
| Address: | Telephone number: |
| Signature (referrer): | Date referral completed: |

**Please email completed form to** cyplondon@victimsupport.cjsm.net (secure email address) **or** cyplondon@victimsupport.org.uk

**Alternatively you can call 0808 168 9291 to make a referral over the phone**