For admin purposes

YP CODE:

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BD18 3QX



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| Referral for Young People’s Social Prescribing |

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| **REFERRER DETAILS**  |
| Referring Agency |  |
| Name of Referrer  |  |
| Job Title  |  |
| Address (inc postcode) |  |
| Email  |  |
| Telephone Number  |  |
| What involvement have you had with the YP? Any ongoing contact with YP? |  |

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| **PERSONAL DETAILS**  |
| Young Persons Name  |  |
| Date of Birth  |  |
| Address (inc postcode) |  |
| Contact Details  |  |
| Gender (self defined) |  |
| Faith/Religion (self defined) |  |
| Sexuality (self defined) |  |
| Ethnicity (self defined) |  |
| Prefered Pronoun |  |
| **FAMILY/GUARDIAN DETAILS**  |
| Relationship to Child  |  |
| Name  |  |
| Address (inc postcode) |  |
| Telephone Number  |  |
| Email Address  |  |
| Does young person have any siblings? |  |
| Siblings Names and Ages: |  |
| Who does young person live with? (mum/dad/grandparents etc.) |  |
| Is there any other information you would like to make us aware of regarding family/living circumstances? |  |

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| Do you need an interpreter  | Y |  | N |  |
| If yes, what language  |  |

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| **CONSENT** Confirmation that consent is given |
| Name of Child |  | Signed  |  | Date  |  |
|  |
| Parent/Guardian  |  | Signed  |  | Date  |  |
|  |
| Referrer |  | Signed  |  | Date  |  |

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| **SAFEGUARDING** |
| Are there any safeguarding concerns – past or present  | Y |  | N |  |
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| **SUPPORT IN PLACE** |
| Is the YP known to CAHMS ? | Y |  | N |  |
|  |  |  |  |  |
| Is the YP known to Childrens Social Care? | Y |  | N |  |
|  |  |  |  |  |
| Does the YP have a Child Protection Plan? | Y |  | N |  |
|  |  |  |  |  |
| Is the YP looked after/adopted/a care leaver? | Y |  | N |  |
|  |  |  |  |  |
| Is the YP on the edge of care? | Y |  | N |  |
|  |  |  |  |  |
| Is the YP a young carer? | Y |  | N |  |
|  |  |  |  |  |
| Is the YP NEET? | Y |  | N |  |
|  |  |  |  |  |
| Does the YP have any special educational needs or disabilities? | Y |  | N |  |
| Please provide information: |
| Does the YP have any medical conditions or needs? | Y |  | N |  |
| Please provide information: |

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| **AGENCIES INVOLVED** |
| **Role/Occupation** | **Name** | **Organization Contact Info** | **Involvement**  | **Consent to contact**  |
| **GP**  |  |  |  | Y |  | N |  | ? |  |
| **School** |  |  |  | Y |  | N |  | ? |  |
| **Social Worker**  |  |  |  | Y |  | N |  | ? |  |
|  |  |  |  | Y |  | N |  | ? |  |

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| **REASON FOR REFERRAL** |
| **What is the YP worried about?** (Please tick)… |
| **Key Presenting Issues**  |  | **Other Issues**  |  |
| Low mood/ Depression |  | Friends / Relationships / Family / Home Life |  |
| Anxiety/ Stress |  | Safety – Abuse / Harm from Others / Self harm |  |
| Loneliness / Isolation |  | Lack of resilience |  |
| Harmful (risky) behaviours (drugs/alcohol, CSE) |  | Bullying/ Discrimination |  |
| Not connected to community |  | School Work / Exams |  |
| No voice or influence |  | Physical Health / Illness / Disability |  |
| **More information about worries:** (relevant past and present difficulties) |

**DO NOT COMPLETE**

This section is to be completed by the HALE Young Peoples Social Prescriber during our initial contact

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| **Do you want our support (worker introduction, services outlined, referral confirmation)**  |
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| **What do you hope to achieve ?**  |
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| **Are there any barriers to you achieving this ?** |
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| **Next Session**  |
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