For admin purposes

YP CODE:

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1 Westgate

Shipley

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 CAMHS ? | 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 ?** |
|  |
| **Are there any barriers to you achieving this ?** |
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| **Next Session** |
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