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| **Child or Young Person Referral Form** | | | | | | | | | |
| Please use this form to make a referral for a Child or Young Person (aged 17 or younger). If you are making a referral for yourself, please use our **Self-Referral Form**, if you are making a referral for someone else aged 18 or older, please use our **Adult Referral Form.**  The Child or Young Person you are referring will not be open to our service until they have been allocated to a practitioner post-triage. In order to do this we need all sections of the form to be fully completed. If you do not provide adequate information we will be unable to progress to triage and the Referral Form will be sent back to you for completion.  Fully completed Referral Forms can be sent to us by email: [referral@togetherwe.uk](mailto:referral@togetherwe.uk) or by post: Together We CIC, De Lucy Centre, Market Place, Egremont, CA22 2AF | | | | | | | | | |
| **Your details** | | | | | | | | | |
| **Name:** | |  | | | | | | | |
| **Organisation:** | |  | | | | | | | |
| **Job title or Relationship to the person being referred:** | | | | | | |  | | |
| **Contact number:** | |  | | | | **Email:** |  | | |
| **Referral details** | | | | | | | | | |
| **Child or Young Person name:** | | | |  | | | | | |
| **Child or Young Person contact number (if known):** | | | |  | | | | **Date of birth:** |  |
| **GP Surgery:** | |  | | | | | | **NHS Number**  **(if known):** |  |
| **Name of school currently on roll at:** | | | | |  | | | | |
| **Parent/Guardian contact name:** | | | | | | | | | |
| **Parent/Guardian contact number:** | | | | | | | | | |
| **Address:** |  | | | | | | | | |
| **Is the caregiver aware of the referral?** [ ] Yes, [ ] No  **Please note caregiver permission must be provided unless there are significant safeguarding concerns, please contact 0808 196 1773 to discuss prior to making a referral without permission.**  **Admins will contact the caregiver prior to undertaking support for any child or young person.** | | | | | | | | | |
| **Preferred method of contact:** | | | [ ] Phone call, [ ] Text message, [ ] Email, [ ] Letter | | | | | | |

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| **Please give brief background information and the reason for your referral:** | | |
|  | | |
| **Has the child or young person been referred to another organisation? If so, which organisation (s)?** | | |
|  | | |
| **Risk assessment** | | |
| **\*\*\*THIS SECTION MUST BE COMPLETED WITH ANY HISTORICAL OR CURRENT RISK \*\*\*** | | |
| **Please provide details below of any risk assessment or attach DICES assessment to the referral email:** | | |
|  | | |
| **Safeguarding concerns:** | | |
|  | | |
| **Name of professionals already involved:** | **Contact phone number / email:** | **Agency** |
|  |  |  |
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**Please return your completed form by email to:** [referral@togetherwe.uk](mailto:referral@togetherwe.uk)   
**or by post to:** Together We CIC, De Lucy Centre, Market Place, Egremont, CA22 2AF

**FORMS WILL BE RETURNED TO THE REFERRER IF INADEQUATE INFORMATION IS PROVIDED**

**IF THERE ARE IMMEDIATE SAFEGUARDING CONCERNS OR RISK CONCERNS, IT IS THE RESPONSIBILITY OF THE REFERRER TO CONTACT THE APPROPRIATE SERVICE**

**Please be aware that Together We CIC do not maintain responsibility for a client’s risk whilst in service with us, we would ask that the GP or statutory team continue to accept that responsibility. We will however continue to update and manage risk throughout our interactions.**

**If you need any further information, please do not hesitate to contact us on 0808 196 1773**