**Young People’s Support Referral Form**

**Referrer**

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| Name and Job title: |  |
| Agency and Address: |  |
| Telephone: |  |
| Email: |  |
| Date of referral: |  |

**Young Person’s Details**

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| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Risk Level (from any relevant assessment): |  |
| Where does young person live and with whom? |  |
| Ethnicity and Religion: |  |
| Gender: |  |

**Sexual Offence Details**

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| --- | --- |
| Nature of sexual offence or concerning sexual behaviour (please include details of any previous offences or concerning behaviours if known): |  |
| Dates of Sexual Offences/Concerns: |  |
| Sentence Given (if applicable): |  |
| Start and End Dates of Sentence (if applicable): |  |

**Support Network and Needs**

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| --- | --- |
| **Current Support Network** (details of any family or significant relationships) |  |
| **Other Support Agencies**  (e.g. school, social care, CAMHS, YJS/YOS)  Please include contact details for social worker or other statutory lead agency contact |  |

**Willingness to Engage**

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| Have you spoken to the young person and their family about our Young People’s Projects? |  |
| Is the young person willing to engage? |  |
| Is the young person’s family willing to engage? |  |
| Does the young person and/or their family give permission for their records to be accessed for the purpose of setting up the support? |  |

**Overview of the young person’s background and support needs**

Please provide as much detail as you can as this will help us to assess which project they would most benefit from. It would also be helpful to know about the young person’s mental health needs, any learning disabilities and challenges, substance misuse, and the main problems they need help with including what support they currently have in place

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**Please send also any relevant assessments or reports to give further information about the young person.**

**How did you find out about Safer Living Foundation Young People’s Projects?**

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| **Please complete and return this form to:**  Young People’s Project Coordinators  Email: slfhmpwhatton@justice.gov.uk  Tel: 01949 803234  Address: Safer Living Foundation, HMP Whatton, New Lane, Whatton, NG13 9FQ  Once received, a coordinator will make contact with you to discuss the referral in more detail and obtain further information and documentation. |