**ENGAGE Referral Form**

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| **Referrer Information** |
| **Your Name** |  | **Tel No.** |  |
| **Your Position** |  | **Your Organisation** |  |
| **Your Email** |  |

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| **Information about the Young Person & Parent/s or Carer/s** |
|  | **Young Person** | **Parents/Carer** |
| **Name** |  |  |
| **Preferred Name** |  |
| **Address** |  |  |
| **Telephone** |  |  |
| **Email** |  |  |
| **Young Person’s Date of Birth** |  | **Young Person’s gender at birth** |  |
| **Preferred pronouns** |  | **How does the young person gender identify?** |  |

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| **What are the issues you are concerned with? Please provide as much detail as you can:** |
| **Please tick relevant boxes** | **Yes** | **No** | **Unsure** |
| Could this young person/family pose a risk to our staff during a home visit? |[ ] [ ] [ ]
| Does the young person have an Education Health Care Plan (EHCP)? |[ ] [ ] [ ]
| Does the young person live with a parent/s with a mental illness (e.g., depression, anxiety) |[ ] [ ] [ ]
| **Have you spoken to the parents/young person about your referral to ENGAGE?** |[ ] [ ] [ ]

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| **What other agencies are working with the young person/family? Please tick all that apply** |
| Social Services[ ]  | Youth Offending Team[ ]  | CAMHS[ ]  | Police[ ]  | Early Help[ ]  | Counselling Services[ ]  |
| Details of agencies: |

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| **Which of these apply to the young person? Please tick all that apply** |
| Anti-social behaviour [ ]  | Child Sexual Exploitation [ ]  | Substance Misuse [ ]  | Goes missing [ ]  | Domestic Abuse [ ]  |
| Mental Health concerns [ ]  | Child Criminal Exploitation [ ]  | Special Educational Needs [ ]  | Bereavement [ ]  | At risk of school exclusion[ ]  |
| If ticked, please provide details: |

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| **Are there any specific issues you want us to focus on?** |

Please complete all sections of this referral form. Failing to do so may result in your referral being delayed.

If you would like an informal discussion about a referral, please contact Joe Roughton on 07858 161979 or Kate Champneys on 07746 171086.