**Logo, company name

Description automatically generatedENGAGE 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.