

**PAUSE,**  
*for thought*

# Referral Form

|   |                        |                      |
|---|------------------------|----------------------|
| <b>Name:</b>  | <b>DOB:</b>            |                      |
| _____   | _____                  |                      |
| <b>Address:</b>   | <b>Postcode:</b>       | <b>Safe to post?</b> |
| _____   | _____                  | _____                |
| <b>Telephone Number:</b>  | <b>Safe to call?</b>   |                      |
| _____   | _____                  |                      |
| <b>Living situation (e.g. foster/residential care, birth family, supported living etc):</b> |                        |                      |
| _____   |                        |                      |
| <b>School/College:</b>  | <b>Date completed:</b> |                      |
| _____   | _____                  |                      |

|                         |
|-------------------------|
| <b>Referrer name:</b>   |
| _____                   |
| <b>Referrer agency:</b> |
| _____                   |
| <b>Contact Details:</b> |
| _____                   |

|  |
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| <b>What is the legal status of the young person?</b>   |
| <input type="checkbox"/> CLA <input type="checkbox"/> CPP <input type="checkbox"/> CiN    Other Please state _____ |

| <b>Details of family</b> (inc. caregivers, siblings, boy/girlfriends, ex-partners, children) |               |              |                     |
|--|---------------|--------------|---------------------|
| Name   | Date of Birth | Relationship | Living at property? |
|  |               |              |                     |
|  |               |              |                     |
|  |               |              |                     |
|  |               |              |                     |
|  |               |              |                     |

**Health & Wellbeing**

Does the young person have any mental health conditions?

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Does the young person have any physical health conditions?

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Does the young person ever harm themselves or have feelings about harming themselves?

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Has the young person ever attempted suicide or had suicidal thoughts?

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**Other Important Information**

Do you have any concerns about the young person's safety?

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Does the young person need any help with reading or writing?

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Any known criminal activity (even if no convictions)

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Does the young person use drugs, alcohol or legal highs?

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**Support from other Services**

| <b>Agency</b> | <b>Name of Worker</b> | <b>Regularity of contact</b> | <b>Contact number</b> |
|---------------|-----------------------|------------------------------|-----------------------|
|               |                       |                              |                       |
|               |                       |                              |                       |
|               |                       |                              |                       |
|               |                       |                              |                       |
|               |                       |                              |                       |

**Consent from Caregiver**

For the safety of the young person, we require caregiver consent and the following details:

**Name of caregiver:**

**Relationship to Young Person:**

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**Address:**

**Contact number:**

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By signing below, I confirm I have parental responsibility for the above named young person and I give my consent for them to attend the course and receive support from Women's Community Matters:

**Signed by caregiver:**

**Date:**

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**Emergency Contact**

Name:

Relationship:

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Address:

Contact Number:

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Please return this form to [sam@womenscommunitymatters.org](mailto:sam@womenscommunitymatters.org) or post it to Women's Community Matters, Nan Tait Centre, Abbey Road, Barrow-in-Furness, LA14 1LG