**Name: ………………………………..………………………….. DOB: ……………………………..**

**Preferred Name: …………………….……………… School / college …………………………**

**Age/ school year: ………………………………**

**Address: …………………………………………………………………………………………………**

**……………..……………………….………………………………………………………………………**

**Postcode: …………………………………………….……..……… Safe to post? Yes No**

**Telephone Number: ………………………………………….....**

**Is it safe to:**

**Call** - **Yes No**

**Text** - **Yes No**

**Leave a voicemail - Yes No**

**Living situation (e.g., foster/residential care, birth family, supported living etc):**

**………………………………………………………………………………………………………………**

**Email: ………………………………………………………..** **Safe to email? Yes No**

**School/College: …………………………………………**

**Gender: …………………………………………**

**Date Referral Form completed: ……………..…………**

**Referrer name: …………………………………………**

**Referrer agency:**

**……………………………………………………………………………………………**

**Contact Details: ……………………………………………………………………………………………**

**What is the legal status of the young person?**

🞏 CLA 🞏 CPP 🞏 CiN Other Please state *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Details of family** (inc. caregivers, siblings, boy/girlfriends, ex-partners, children)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Relationship | Living at property? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Supporting Information**

***Please ensure this section is complete.***

What support does the young person want from us?

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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What is going on in the young person’s life right now? *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**Support from other Services**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency | Name of Worker | Regularity of contact | Contact number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Health & Wellbeing**

Does the young person have any mental health conditions? *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Does the young person have any physical health conditions / any known disabilities?

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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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**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: ………………………………………………………..

Address: …………………………………………………………………………………………………….………………..

Contact number: ………………………………........

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: ………………………………….

Please feel free to contact us if you have any questions or concerns via the following methods:

Phone number: 01229 311102

Email: [Youngpeople@womenscommunitymatters.org](mailto:Youngpeople@womenscommunitymatters.org)

Or come to the centre atWomen’s Community Matters, Nan Tait Centre, Abbey Road, Barrow-in-Furness, LA14 1LG.

Thank you 😊

**Emergency Contact**

Name: Relationship:

Address:

Contact Number:

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

**GDPR - General Data Protection Regulations - May 2018**

I (PRINT NAME)……………………..………………………………………………………..…………………..

Give consent for WCM to contact me and/or the young person by the following preferred method/s below - (please delete):

🗆 Phone call 🗆 Letter 🗆 Email

I also give consent to WCM holding personal information for Support, Funding and Monitoring Purposes.

Signed ………………………………………………………………………………… Date………………………………….

Some information may be shared for Funding and Monitoring purpose, if you would like to know what information we share please ask.