

REFERRAL FORM FOR UNDER-16s

(1) REFERRER'S DETAILS

Referring agency		Named worker & job title	
Contact address (including postcode)		Contact details	Phone – direct line (office)
			Mobile
			Fax number
			Email

(2) YOUNG PERSON'S DETAILS

First name			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans-male (born female; feels male) <input type="checkbox"/> Trans-female (born male; feels female) <input type="checkbox"/> Questioning / Unsure <input type="checkbox"/> Not known
Surname			Sexual orientation	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Questioning / Unsure <input type="checkbox"/> Not known
Contact address & postcode				
Date of birth			Disclosed disability: If YES please describe support needs:	YES / NO
Phone contacts	Home	OK to call? YES / NO	Name of school / education provider	
	Mobile	OK to call? YES / NO		
Email		OK to email? YES/NO	Other relevant details e.g. English as second language	

Work already undertaken by referring agency (approaches – what, when, who and any outcomes)

(3) REASONS FOR REFERRAL

Please include a summary of issues affecting this young person

Please list any knowledge of violence and/or sexual offences by this young person

Date

Incident/Offence

Resulting Actions

YOUNG PERSON'S COMMENTS ON REFERRAL Views, expectations and concerns

Is the young person aware of the referral?

YES

NO

YOUNG PERSON'S KEY RELATIONSHIPS

As far as you know, what are the key relationships (family/carers, friends, professionals) in this young person's life? How supportive are they?

YOUNG PERSON'S KEY RESPONSIBILITIES

As far as you know does the young person have any dependants or responsibilities to support others? What other pressures or difficulties may they face?

REFERRER'S RECOMMENDATION FOR ACTION

(4) KNOWLEDGE OF OTHER AGENCY INVOLVEMENT

SERVICE AREA	Involved	Worker name, role and contact number if known	Comments
Careers			
Counselling Services			
Drug & Alcohol Service			
Educational services e.g. educational psychology / welfare / learning mentor			
Health Services / GP			
Housing			
Immigration Services			
Lesbian, gay, bisexual or trans (LGBT) youth group			
LGBT organisation			
Mental health services e.g. Child & Adolescent Mental health team, counsellor, NHS therapist			
Police			
School			
Sexual health services e.g. sexual health clinic			
Social Services			
Spiritual help e.g. church, mosque, synagogue			
Voluntary sector organisation			
Youth Offending Team			
Youth Service			
Other (please state)			

If there is any more relevant information that you need to tell us about, please continue on a separate sheet and attach to this form.

(5) REFERRAL CONSENT			
Young person's signature		Date	
Referrer's signature		Date	

(6) PLEASE RETURN THIS FORM TO:

Tim Eastwood (Project Manager) & Neil Young (Project Worker)

- **Initial phone discussion** 0207 715 0368 & 07504 874195
- **By fax** 020 7609 4909 (fax back form attached)
- **By post:** PACE Youthwork Service, PACE, 34 Hartham Road, London, N7 9LJ
- **By email:** under16group@pace.dircon.co.uk

These forms are also available on the PACE web site [www.pacehealth.org.uk/youth work](http://www.pacehealth.org.uk/youth_work)

OFFICE USE ONLY

Discussion with referrer YES / NO

Date referral received

How received? FAX POST EMAIL

Outcomes/actions agreed

Allocated number/name

Date, time and venue for first appointment, if agreed:



FAX BACK FORM FOR PACE UNDER-16s PROJECT

To	
From	
Agency	
Contact details	Direct line: Mobile: Email: Please indicate which is the best way to contact you and when
Date and time of referral	

**PLEASE FILL OUT AS MUCH OF THE FORM AS YOU CAN
BEFORE YOU FAX IT BACK – THANK YOU**