

Referral Form

Completion of this form is required to request intervention from YPDAAT for young people up to the age of 19. This must be completed fully otherwise it may result in a delay in screening or the request may be declined.

Referrer's Information

Name of referrer: Click or tap here to enter text.	Name of organisation and address: Click or tap here to enter text.
Email address: Click or tap here to enter text.	Tel. No: Click or tap here to enter text.
<p>The following information must only be provided with consent. Please indicate that consent has been sought and agreed from the young person and their parent/carer, as required, and they are aware of the details provided. Please note, that parental consent is not always required to make a referral.</p>	
Young person's Consent:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Carer aware of this referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Carer consent:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Young Person's Information

Name: Click or tap here to enter text.	Known Aliases: Click or tap here to enter text.
Date of Birth: Click or tap here to enter text.	Age: Click or tap here to enter text.
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Ethnicity: Click or tap here to enter text. Home Language: Click or tap here to enter text.
Address: Click or tap here to enter text. Postcode: Click or tap here to enter text. Telephone no: Click or tap here to enter text. Email: Click or tap here to enter text.	Alternative/Emergency contact details: Click or tap here to enter text. Can YP be contacted via this address/phone above? Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to contact YP by (select as appropriate) Post <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/>	

Substance Use

Main substance used	Frequency of use (ie daily, weekly etc):	Average volume/cost of use	If alcohol, please indicate AUDIT score:
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Other substances used	Frequency of use (ie daily, weekly etc):	Average volume/cost of use	If alcohol, please indicate AUDIT score:
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Education/Training/Employment

- Employed
 Unemployed

 Name of School/College/Training Provider
 Click or tap here to enter text.

 Current attendance: Click or tap here to enter text.

 NEET

Risk Factors

- Suicidal Ideation/Self Injury
 Physical Violence to others
 At risk of or victim of CE
 Domestic abuse
 Mental Health problems
 Injecting drug use
 Offending behaviour
 Is pregnant or a young parent
 Housing issues/risk of homelessness
 Other(s) (please comment) :
 Click or tap here to enter text.

Does the YP have any Special Education Needs/Disabilities? Yes No

Details: Click or tap here to enter text.

Does YP have any known health issues? Yes No

Details: Click or tap here to enter text.

Level of Need:

**Level 1 (universal): **Level 2 (EHAT): Level 3/CiN: Level 4 (CP): LAC/Care Leaver:

Is Family already nominated to Families First St Helens? Yes No

****If young person does not have services or a plan in place to support (eg no current FAM, CP or LAC) please complete Early Help consent form and return with this referral:**



Families First ISA and Consent.pdf

Has Early Help consent form been completed, if required? Yes No

If no, please explain: Click or tap here to enter text.

Other Professionals Involvement (please indicate if Lead Professional): Yes No

Name, organisation and contact details	Click or tap here to enter text.	Name, organisation and contact details	Click or tap here to enter text.
Name, organisation and contact details	Click or tap here to enter text.	Name, organisation and contact details	Click or tap here to enter text.
GP Details:	Click or tap here to enter text.		

Does YP consent to YPDAAT contacting the above organisations for additional information as required? Yes No

Additional information to support this referral:

What's working well?

Click or tap here to enter text.

What are you worried about?

Click or tap here to enter text.

What needs to happen?

Click or tap here to enter text.

On a scale of 0-10, where 0 means that there are no concerns and there is no requirement for YPDAAT involvement and 10 means that the concerns are so bad that the young person is likely to experience significant harm to themselves or others, how would you rate the concerns today? Click or tap here to enter text.



Date: Click or tap here to enter text.

Data Privacy Notice:

The information provided on this form will be used in accordance with the General Data Protection Regulations, 2018. Your information will be utilised for the purposes of providing you with services as requested above. Your details will not be shared with any other services without your consent. To find out more about what we do with your information please visit: www.sthelens.gov.uk/ypdaat