



Referral Form

Please complete the form to astonproject@gloucestershire.pnn.police.uk

1. Referrer Details				
Name of Referrer:		Agency/Role		
Email Address		Telephone		
Postal Address		Date Submitted		
2. Young Persons Details				
Name	Date of Birth	Age	Religion	Gender
School/College/Training Provider	Language	Interpreter Required	Disability/Special Needs	Ethnicity
Address				
Housing Status				
Contact Details:	Landline			
	Mobile Phone			
	Email Address			
Parent/Carer Name				
Parent/Carer Address (if different)				
Parent Carer Contact Details				
	Landline			
	Mobile Phone			
	Email Address			



3. Other Agencies/Professionals involved with the young person			
Name	Agency	Role	Contact Details
4. Reason for request			
Reason for Referral			
What work has already been completed or is ongoing?			
What went well?			
What outcomes are you seeking for this young person?			
5. Background of Young Person (YP)			
Please answer the following questions to the best of your knowledge, providing brief detail where possible, so that we can develop a good understanding of the background of the young person we will be working with.			
Has the YP ever disclosed being the victim of sexual abuse by an adult at least 5 years older? 1			
Is/has the YP been subject to a child protection or child in need plan? 2/3/4/5			
Has the YP ever had any unexplained injuries? 3			
Do you have any concerns about the YP's emotional wellbeing? 2/4			
Do you have any concerns about the YP's physical wellbeing? 3/5			
Does YP live with both parents? Is YP in contact with both parents? Are both YP's parents still alive? 6			

Has the YP ever witnessed domestic conflict within the household? 7	
Does anyone living in the same household as the YP regularly consume large volumes of alcohol or use non-medicated drugs? 8	
Does anyone living in the same household as the YP have a mental health condition (eg depression, anxiety, attempted suicide, etc) 9	
Has the YP's parent/caregiver ever been arrested or served a prison sentence during the YP's lifetime? 10	



6. Awareness

Is young person aware of this referral	Yes	No
Is the parent/carer aware of this referral	Yes	No

7. Consent – Project Copy

(Note for referrer; if the below consent is not signed we may not be able to progress the referral)

To enable our team to offer you the best service we can, at all times it is necessary to obtain and share information. This is carried out in a sympathetic and confidential way.

We would like with your permission to hold information and, where appropriate, share this with other agencies/people. The purpose of this would be to enable us to better engage with and support you. It will only be shared with relevant parties and will be treated in the strictest confidence. Examples of relevant parties could include, Youth Support Team, Housing, Voluntary & Community Sector support organisations, Local Authority, community volunteers, and peer mentors who are either serving or ex-prisoners, and/or project volunteers.

Under Gloucestershire’s Safeguarding Children Policy we have a statutory responsibility to take action to protect the physical, mental and emotional wellbeing of any children who we have contact with or who have contact with the individuals we work with. If you divulge information to any member of staff which leads us to question the safety of a young person we may have to share the information you have given us with other professionals involved which in some cases may include the police.

Other circumstances where confidentiality may be broken:

- If our records are subpoenaed by a Court of Law
- If you tell us your life or someone else’s life is at immediate risk
- Prevention of terrorism

Young People (if able to sign on their own behalf)

I _____(Young Person) have read and understand the content of this agreement and give permission to obtain and share necessary information.

If the Young Person is not able to sign, on their behalf:

I _____ Parent/Guardian of Young Person,) have read and understand the content of this agreement and give permission to obtain and share necessary information and give permission for the above named young person to receive support from your service and for you to obtain and share necessary information.

Signature	
Date	





8. Consent - Copy
This page to be retained by Young Person / Parent / Guardian

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Signature	
Date	



9. To be completed by Aston Project / Great Expectations staff		
Outcome of Request	Request Accepted	
	Yes	No
ACE score	/10	
Rationale for decision		
Service level Recommendation		

