Date of Referral:

SPOC Number: 0113 887 2477 Fax Number: 0113 263 9810

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| --- | --- | --- | --- |
| Name |  | D.O.B/Gender |  |
| Address |  | Postcode |  |
| Education status School/ College/ Employment/ NEET |  | Ethnicity |  |
| Disability | Yes  | No | Prefer not to say |
| Looked after child | Yes | No | Prefer not to say |
| Social care Involvement | Yes (if yes please provide details and contact) | No | Prefer not to say |
| Contact details for YP/ Parent |  |

|  |  |  |
| --- | --- | --- |
| Is the young person aware of referral? | Yes | No |
| Parent/carer aware of referral? | Yes | No |
| What the Young Person wants from referral? |  |
| Where does the YP want to be seen? |  |
| Preferred Contact Method? |  |
| Are they open to any other agencies? |  |

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|  |

Referrer details (Name, Contact number, role/relation to YP)

Current substance use (In the box below please record the type of drug/alcohol, amount used per day, frequency of use per week, method of use, used for how long)

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| --- |
|  |

Any risks of H/V to worker when meeting YP

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In the box below please record any additional concerns for the young person e.g. Mental health, self-harm, CSE, attendance at A&E due to drug/alcohol use, homelessness, NEET, Drug debt, domestic violence, involved in offending pregnancy, parental drug/alcohol use

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|  |

**Internal use only:**

Date picked up by ForwardLeeds Platform:

Allocated Worker: