**Affected Other Referral Form**

You can view our GDPR statement and confidentiality here - [Privacy & Safety Info](https://www.matthewprojectyoungpeople.org/privacy-info)

Please email **youcan@matthewproject.org** with the completed form or with any questions you may have.

We recommend completing this referral form together with the child or young person to ensure their information is accurate and they consent to it being shared.

**Part 1: Information we need**

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| --- | --- |
| Referral Date: |  |
| Does the young person consent to the referral?  *Consent must be sought before we can accept the referral.* | Yes  No  *If no, please contact us for some advice and guidance.* |
| If the young person is under 13, parental consent is required. Does the parent/carer consent to the referral? | Yes  No  *If no, consent must be sought before we can accept the referral.*  If not, why? |
| If the young person is over 19, please give details about learning disability or vulnerability: |  |
| Young Person Details: | |
| Full Name: |  |
| What would the young person like to be called? |  |
| Preferred Pronouns: | She/Her  He/Him  They/Them  She/Them  He/Them  Other, please specify: |
| Date of Birth: |  |
| Contact Number: |  |
| Is this contact number for the young person or a parent/carer? |  |
| How would the young person like to be contacted?  *E.g. phone, text, email, or via parents/carers* |  |
| Email Address: |  |
| Address: |  |
| Postcode: |  |
| Does the young person have any access requirements?  *Physical (wheelchair access), mentally (anxiety), or culturally* |  |
| Young Carer: | Yes  No |
| Nationality:  *E.g. British, Portuguese* |  |
| Speaks English: | Yes  No If no, preferred language: |
| Guardian Details: |  |
| Is the parent/carer aware that this referral is being made? | Yes  No If no, please explain the reason: |
| Parent/Carer Name: |  |
| Relationship: |  |
| Contact Number: |  |
| Contact Info e.g. *best time to call*: |  |
| Referrer Details: |  |
| Name of Referrer: |  |
| Relationship to Client: |  |
| Name and Address of Organisation: |  |
| Contact Number: |  |
| Contact Info e.g. *best time to call*: |  |
| Email Address: |  |
| Initial contact arrangements e.g. will referrer set up the first appointment, contact young person directly: |  |
| Reason for Referral:  e.g. What happened to prompt referral? Does the user acknowledge the impact on the young person? Behaviour, mental health, education, work, finances, housing, disabilities etc. | |
| Please tell us as much as you can and what your concerns are: | |
| Impact on young person: e.g. how is the situation affecting the young person? (behaviour, emotional, stability in housing and finances, school etc.) |  |
| Young person’s viewpoint: e.g. What have they said – young persons words. Do they want support? What needs to change? |  |
| Any potential risks or concerns? E.g. Also any risks to workers doing a home visit, is it recommended or are there other people there who aren’t safe?  Any pets? (allergies, dog bites etc.) |  |
| Who is the user? | Parent  Step Parent  Sibling  Other: |
| Gender of the user: | Female  Male  Gender non-conforming  Non-binary  Transgender Female  Transgender Male  Other Gender, please specify:  Prefer not to say |
| Is the user living with family? | Yes  No |
| Is the user aware of the referral? | Yes  No |
| Substance Type 1: | Current  Historical |
| Substance Type 2: | Current  Historical |
| Substance Type 3: | Current  Historical |
| Other information about substance use: |  |
| Is the user currently receiving support for their substance use? | Yes, please give details:  No |
| Multi-Agency: |  |
| Is the family receiving any statutory interventions? | Section 17 – Child in Need  Section 47 – Child Protection  FSP  Other Children Services Involvement  No  Not known |
| Lead Professional/Social Worker: |  |
| Are there any other services involved with the family? e.g. Young Carers, education, Early Help etc. |  |
| Which education provision is the child/young person attending? |  |
| How did you hear about us? | Our Website  Another organisation website  Internet search  Social Media  Event  A friend told you about us  A professional told you about us (e.g. teacher, social worker)  Poster/Leaflet  Other, please give details: |

**Part 2: Equality, Equity, and Diversity Questions**

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| Equality, Diversity and Inclusion (This section is optional): | |
| All the questions in this section are voluntary, so you can leave it blank if you prefer. The reason we ask these questions is to monitor equality across our projects and make sure that everyone is treated fairly. If you are a referrer, please complete this section with the young person’s details. *(Please complete only if you are happy to do so)* | |
| How do you describe yourself? | Female  Male  Gender non-conforming  Non-binary  Transgender Female  Transgender Male  Prefer not to say  Other Gender *(if other, please specify:* |
| Does your gender differ from the gender you were assigned at birth: | Yes  No  Prefer not to say |
| Do you consider yourself to be: | Bisexual  Gay or Lesbian  Heterosexual or Straight  Prefer not to say  Other *(If other , please specify):* |
| Ethnicity (Please circle the one that applies): | **Asian or Asian British** (Bangladesh, Chinese, Indian, Pakistani, Any other Asian background)  **Black, Black British, Caribbean or African** (African, Caribbean,Any other Black, Black British, or Caribbean background)  **Mixed or multiple ethnic groups** (White and Asian, White and Black African, White and Black Caribbean, Any other Mixed or multiple ethnic background)  **White** (English / Welsh / Scottish /Northern Irish / British, Irish, Gypsy or Irish Traveller, Roma, Any other White background)  **Prefer not to say**  **Other ethnic Group** (Arab/Any other ethnic group) *(If other, please specify):* |
| Religious beliefs: | Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  No Religion  Prefer not to say  Other religion *(if other, please specify):* |