

# Referral Form

Please fill this form in completely with as much information as possible

**Name:** ..... **DOB:** .....

**Preferred Name:**.....

**Address:** .....

**Postcode:** ..... **Safe to post?** .....

**Telephone Number:** ..... **Safe to call?** .....

**Living situation (e.g. foster/residential care, birth family, supported living etc):**  
.....

**Email:** .....

**School/College:** .....

**Referrer name:** .....

**Referrer agency:** .....

**Contact Details:** .....

**What is the legal status of the young person?**

CLA     CPP     CiN    Other Please state \_\_\_\_\_

**Details of family** (inc. caregivers, siblings, boy/girlfriends, ex-partners, children)

Name	Date of Birth	Relationship	Living at property?

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## **Health & Wellbeing**

Does the young person have any mental health conditions?

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Does the young person have any physical health conditions?

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Does the young person ever harm themselves or have feelings about harming themselves?

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Has the young person ever attempted suicide or had suicidal thoughts?

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## **Other Important Information**

Do you have any concerns about the young person's safety?

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Does the young person need any help with reading or writing?

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Any known criminal activity (even if no convictions)

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Does the young person use drugs, alcohol or legal highs?

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# Referral Form

**Support from other Services** (If you are happy for us to contact and share information with any of the services you have listed below, please tick and sign in the corresponding column.)

Agency	Name of Worker	Regularity of contact	Contact number	Consent to share?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Consent from Caregiver (If you are aged 15 or younger you must gain parental consent)**

For the safety of the young person, we require caregiver consent and the following details:

Name of caregiver: .....

Relationship to Young Person: .....

Address: .....

Contact number: .....

By signing below, I confirm I have parental responsibility for the above named young person and I give my consent for them to attend the course and receive support from Gateway4Women:

Signed by caregiver: ..... Date: .....

**GDPR - General Data Protection Regulations - May 2018**

I (PRINT NAME).....

Give consent for G4W to contact me and/or the young person by the following preferred method/s below - (please delete):

- Phone call
- Letter
- Email

I also give consent to holding personal information for Support, Funding and Monitoring Purposes.

Signed ..... Date.....

Some information may be shared for Funding and Monitoring purpose, if you would like to know what information we share please ask.

**Emergency Contact**

Name: ..... Relationship: .....

Address: .....

Contact Number:.....

