**REQUEST FOR YJS PREVENTION:**

Once complete please forward to yjs.cbld@cumbria.gov.uk

The following minimum information **must be** provided in order for a referral to be considered.

|  |
| --- |
| Please complete as comprehensively as possible |
| Name of Child |  |
| Date of birth |  | Age |  | Gender |  | Ethnicity  |  |
| Name of Parent/ Guardian |  | Contact number |  |
| Full address of referral(including postcode) |  |
| Parent aware of referral: YES/ NO |  | School attending: |  |
| Details of children in household:(Including Date(s) of Birth) |  |
| Child/ family open to services:(please provide details. E.g. Mental Health referrals, Early help, social services) |  |
| Reason for referral? (What are worries for this young person) |
|  |
| What has been tried so far?(Any direct work done with the Child and family)Police use only:(warning letters IYC home visits, meetings, etc including dates and times) |  |
| What support/interventions would be required to address the worries? |  |
| Name of referrer |  | Agency |  |
| Contact details(Phone/ Email) |   | Date |  |

Once complete please forward to

yjs.cbld@cumbria.gov.uk