**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 | |  |

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