**Via - Fusion Referral Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the young person aware of/in agreement with the referral?  If no, please explain why in ‘Reason for referral’ | Yes |  | No |  |
| Is the parent/carer aware of/in agreement with the referral?  If no, please explain why in ‘Reason for referral’ | Yes |  | No |  |
| Can the parents/carers be contacted? | Yes |  | No |  |
| Would this young person pose any significant risk to staff or others?  If yes, please explain why in ‘Reason for referral’ | Yes |  | No |  |
| Is it appropriate to visit the Young Person at home? | Yes |  | No |  |
| Does young person consider themselves to have a disability?  If yes, please give details in ‘Reason for referral’ | Yes |  | No |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Young Person’s Details** | | | | | | |
| YP Name |  | | | | | |
| Gender | Male  Female | DOB | |  | Age |  |
| Ethnicity and Nationality |  | Language Spoken | |  | | |
| Address |  | Living Arrangements | |  | | |
| YP’s Mobile |  | YP’s Home Tel | |  | | |
| Parent/Carer’s Name |  | Parent/Carer’s Mobile | |  | | |
| Email |  | Preferred method of Contact | |  | | |
| Attending School | Yes  No | If Yes, name of school? | |  | | |
| **YJS Involvement** | | | | | | |
| Is YP known to YJS?  Yes  No  If yes, please provide offending details including worker and contact details: | | | | | | |
| **Name and Address of GP** | | | **Other agencies Involved** | | | |
|  | | | **Name/Agency:** | | | |
| **Tel Number:** | | | |
| **Name/Agency:** | | | |
| **Tel Number:** | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Drug of Choice** | | | | | |
| **Cannabis** | **Alcohol** | **MDMA/Ecstasy** | **Nitrous Oxide** | **Cocaine** | **Crack** |
| **Heroin** | **Solvents** | **Benzodiazepines** | **Ketamine** | **Amphetamines** | **Other:** |

|  |
| --- |
| **Reason for Referral** |
|  |

|  |
| --- |
| **Safeguarding and Risk** |
| Is the young person involved with Children’s Social Care:  Yes  No    *(Please attach a copy of the most recent safeguarding plan)*  Early Help  Yes  No  Child in Need Plan  Yes  No  Child Protection Plan  Yes  No  Is there a CAF?  Yes  No  Is the young person LAC?  Yes  No  If yes to any of the above, please include details below (inc. lead agency/name of worker): |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Risk Screen** | | | | | |
| Pregnancy |  | A parent |  | Injecting Drug Use |  |
| High risk sexual behaviour |  | Involved in gang activity |  | Suicide Risk |  |
| Mental Health Concerns |  | Vulnerable to abuse or exploitation |  | Involvement with the CJS |  |
| Homelessness |  | Involved with social care services |  | Other  (Please specify below) |  |
| Please provide further details: | | | | | |

|  |  |  |
| --- | --- | --- |
| **Referrer’s details** | | |
| Date of Referral |  | Name of referrer |
| Referrer’s Agency |  | Referrers Contact details:  Tel:  Email: |
| Is the YP still known to you? | Yes  No | |
| Relationship with client |  | |
| Date |  | |

**Please return via post or email:**

Via - Fusion Young People’s Drug & Alcohol Service

London Borough of Redbridge

Station Road Centre

Station Road

Barkingside

Ilford

IG6 1NB

**Email:** [info.fusion@viaorg.uk](mailto:info.fusion@viaorg.uk)

**Tel:** 020 8708 7801

**For Via use only**

Date referral received: ………………………………………………………………

Referral received by: …………………………………………………………….

Case ID No.: ……………………………………………………………………………….