**Via - Fusion Referral Form**

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| --- | --- | --- | --- | --- |
| 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 |  |

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| **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 [ ]  NoIf 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:** |

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

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| **Reason for Referral** |
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| **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 [ ]  NoChild 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): |

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| **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

**Tel:** 020 8708 7801

**For Via use only**

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

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

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