**Subwize Referral Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the parent/carer aware of/in agreement with the referral?  | Yes | Yes  | No |  |
| Is the young person aware of/in agreement with the referral?  | Yes | Yes  | No |  |
| If no, please explain why in ‘Reason for referral’ below |
|  |  |
| **Young Person’s Details** | **Referrer’s Details** |
| YP Name |  | Name of referrer |  |
| Age |  | DOB |  | Date of referral |  |
| Address |  | Referrer’s agency |  |
| Referrer’s contact details: |  |
| Postcode |  |
| Telephone |  | Child protection concerns, inc. abusive, violent relationships?  | Yes |  | No |  |
| Mobile |  | If yes, please give details (inc. lead agency/name of worker):  |
| Email |  |
| Preferred method of contact |  |
| Gender  |  | Ethnicity |  | Would this young person pose any significant risk to staff or others?  | Yes |  | No |  |
| Nationality |  | If yes, please give details: YP is known for committing Robberies/Theft’s which he has been and is still current subject to statutory orders for. |
| Language spoken |  |
| NI No. (if known) | N/A |
| Attending school?  | Yes |  | No |  |
| If yes, name of school? | N/A | Is there a CAF? | Yes |  | No |  |
| -YP is currently on a Child in Need plan.  |
| NHS No. |  |
| **Other agencies involved** | **Name and address of GP** |
| Name/agency: | Tel number: |  |
|  |  |
|  |  |
|  |  |
| **Reason for referral** |
| *Concerns, drug use, motivation, any risk factors, mental health issues, emotional difficulties…* |

**Please return via post or email:**

Via - Subwize

The Vibe,

195-211 Becontree Ave,

Dagenham

RM8 2UT

**Manager’s email:** tariq.musinguzi@wdp.cjsm.net

**Fax:** 0333 3445916

**For any queries please contact us:**

**Tel:** 0300 3034613

**For Via use only**

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

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

Nebula No.: ……………………………………………………………………………….