**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](mailto: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.: ……………………………………………………………………………….