**Referral form**

Enclosed you will find a referral form for young people who are affected by parents’/carers’ substance use

Please note that a member of the Subwize Team might contact you for further information before we can approach the young person.

If you have any questions about the form or want to discuss a potential referral, please do not hesitate to contact us on 0300 303 4613

Please send referrals to: **Micaela.sharpley@viaorg.uk**

We look forward to receiving your referral.

Kind regards,

Via Subwize Team

**Referral Form for young people affected by parents’/carers’ substance use**

**Family Name:**  **Referral Date:**

**Address: Postcode:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  **Young person**  | **Gender** | **DOB** | **Age**  | **Disability**  | **Nationality** | **School** |
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|  |  |  |  |  |  |  |
| **Parent / Carer details** | **Address if different from above** | **DOB** | **Contact number** | **Living with children** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Family members with substance use issue** | **Substance(s) of choice** | **Effected by DV**  | **Yes / No** |
|  |  | **Perpetrator** |  |
| **Referral agency:** | **Social / key worker name:** |
| **Team:** | **Social care status (CP/CIN/LAC):**  |
| **Phone:** | **Email:** |
| **Other agencies involved** | **Worker’s name** | **Contact number** |
|  |  |  |
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|  |  |  |
| **Reason for referral:** *(Please provided details of the effect of parental substance use and any safeguarding concerns)***Email referral to:** **Micaela.sharpley@viaorg.uk** |