**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**](mailto: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**](mailto:Micaela.sharpley@viaorg.uk) | | | | | | | | | | |