**Subwize Referral Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the parent/carer aware of/in agreement with the referral?  | Yes |   | No |  |
| Is the young person aware of/in agreement with the referral?  | 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:  |
| Language spoken |  |
| *Does the YP have reading or maths difficulties?* |  |
| Attending school?  | Yes |  | No |  |
| If yes, name of school? |  | Is there a CAF? | Yes |  | No |  |
| -YP is currently on a Child in Need plan.  |
|  |  |
| **Other agencies involved** | **Name and address of GP** |
| Name/agency: | Tel number: |  |
|  |  |
|  |  |
|  |  |
| **Reason for referral** |
| *Concerns: Alcohol, illicit drug use, any risk risk taking behaviours, emotional difficulties, at risk of being excluded from school, criminal activities….* |

**Please return via post or email:**

Via - Subwize

The Vibe,

195-211 Becontree Ave,

Dagenham

RM8 2UT

Community Senior Practitioner: jean.dyerson@viaorg.uk

Subwize office: subwize@viaorg.uk

**Fax:** 0333 3445916

**For any queries please contact us:**

**Tel:** 0300 3034613