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**Cornerhouse Referral Form**

Please return this form to: [admin@wearecornerhouse.org](mailto:admin@wearecornerhouse.org)

If you require any further information or advice on our services please get in touch on (01482) 327044

Please DO-NOT close the case before we have allocated the referral as there is no guarantee we will allocate the case- if your referral doesn’t meet our threshold/ has insufficient information we will contact you.

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| --- | --- | --- | --- | --- |
| **Personal Information of Young Person Date of Referral:** Click here to enter a date. | | | | |
| **Name(s)** |  | | | |
| **Ethnicity and language spoken** |  | | | |
| **Gender** | Female Male  Trans | **Sexuality**  **if known** | |  |
| **Disability or additional needs** |  | | | |
| **Address** |  | | | |
| **Contact Details**  **(please state if this is the YPs mobile)** |  | | | |
| **School** |  | | | |
| **DOB of YP** |  | | | |
| **Age of YP** |  | | | |
| **Is YP aware of referral?**  **And has consent to share personal data been gained?** | By making this referral Cornerhouse assumes that you have gained the YPs consent to share their personal data in accordance with Data Protection GDP regulations.  **Yes  No** | | | |
| **Name of Parent/Carer:** | | |  | |
| **Relationship:** | | |  | |
| **Contact details:** | | |  | |
| **Is parent/ carer aware of referral and consent to share their personal data** | | | **Yes  No** | |

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| **Referral Information** | | | | |
| **Referral Source** | **Agency** |  | | |
|  | **Contact Name** |  | | |
| **Contact Details** |  | | |
| **If you are not the social worker and social care is involved please give details below:** | | | | |
| **SW Name** |  | | **Contact details** |  |
| **What support does the YP require?** |  | | | |
| **Any other agencies involved, please list workers and contact details known.** |  | | | |

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| **Please indicate which of the below are evident within this referral.** | | | | | | | |
| Sexual health concerns | |  | Gender and sexuality | | |  | |
| CSE (please complete CSE risk assessment) | |  | Boys and young men’s support | | |  | |
| Unhealthy relationships | |  |  | | |  | |
| **CSE Risk Assessment** | | | | | | | |
| Regularly Going Missing | |  | | Drug and Alcohol Misuse | | |  |
| Sending/ distributing indecent images | |  | | Homelessness/ sofa surfing | | |  |
| Reduced Contact with Family/Friends | |  | | Being Groomed on Internet | | |  |
| Interacting with a new peer group | |  | | Report of involvement in Child Sexual Exploitation (CSE). e.g. seen in hot spots | | |  |
| Poor Self Image | |  | | Older Boyfriend/Girlfriend | | |  |
| Self-Harm | |  | | Unaccounted Gifts | | |  |
| Associating with Sexually Exploited Children | |  | | Associating with Unknown Adults | | |  |
| **Known or believed perpetrators. Names/Addresses/Descriptions and/or Aliases** | | | | | | | |
| **Where did you hear about us?** |  | | | | | | |