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**Cornerhouse Referral Form**

Please return this form to: admin@wearecornerhouse.org

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

**Due to a change in resources and capacity at Cornerhouse we can NO LONGER accept low level Internet safety referrals. Any questions please call Cornerhouse to ask for advice on this subject BEFORE referring**

**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.**

|  |
| --- |
| **Personal Information of Young Person Date of Referral:** |
| **Name(s)** |  |
| **Ethnicity and language spoken** |  |
| **Gender**  | Trans Female Male | **Sexuality if known** |  |
| **Disability or additional needs** |  |
| **Address** |  |
| **Contact Details****(i.e. telephone, e-mail etc, please state if this is the YPs mobile)** |  |
| **School**  | **DOB of YP** | **Age of YP** |
|  |  |  |
| **Name of Parent/Carer:****Relationship:****Contact details:****Is parent/ carer aware of referral: Y/N** |
| **YP aware of referral:** Y/N |
| **Project referral (Delete as appropriate)**  |
| Sexual exploitation CARE Project  | Boys and Young Men BYM | Sexual Health |  |
| **Referral Information** |
| **Referral Source** | **Agency** | **Contact Name** | **Contact Details** |
|  |  |  |  |
| **Reason for Referral****Please give relevant information.** |  |
| **Work previously completed by other agencies.** |  |
| **What support does the YP require?** |  |
| **Any other agencies involved** |

|  |  |
| --- | --- |
| Social care | Y/N |
| CAMHs | Y/N |
| ReFresh | Y/N |
| DAP | Y/N |
| The Warren | Y/N |
| Police involvement  | Y/NDetails: |
| Sexual health involvement |  |
| Please list any other services involved: |

 |
| **Where did you hear about us?** |  |

**If referring for Sexual Exploitation (CARE Project) please complete the below section of the form.**

|  |  |
| --- | --- |
| **Risk Assessment** |  |
| Please indicate which of the below are evident within this Referral. If there are multiple occasions, please enforce that with a double tick. [This will assist in Risk Assessment Evaluation] |
| 1. Regularly Going Missing
 |  | 1. Experimenting with Alcohol
 |  |
| 1. Change in Dress
 |  | 1. Eating Disorder
 |  |
| 1. Sexualised Risk Taking (Internet)
 |  | 1. Disclosure of physical/sexual assault followed by withdrawal
 |  |
| 1. Reduced Contact with Family/Friends
 |  | 1. Being Groomed on Internet
 |  |
| 1. Experimenting with Drugs
 |  | 1. Report of involvement in Child Sexual Exploitation (CSE). e.g. seen in hot spots
 |  |
| 1. Poor Self Image
 |  | 1. Older Boyfriend/Girlfriend
 |  |
| 1. Self-Harm
 |  | 1. Non-School Attender/Exclusion due to Behaviour
 |  |
| 1. Unaccounted Gifts
 |  | 19. Sexually Transmitted Infections |  |
| 1. Associating with Unknown Adults
 |  | 1. Break down of placement due to behaviour
 |  |
| 1. Associating with Sexually Exploited Children
 |  | 1. Disappearing from system with no contact with support
 |  |
| 1. Recent romantic breakup from BG/GF
 |  | 1. Homelessness/ sofa surfing
 |  |
| 1. Interacting with a new peer group
 |  | 1. Repeat STI/ Pregnancy testing
 |  |
| Known or believed perpetrators. Names/Addresses/Descriptions and/or Aliases |
|  |