**Icon

Description automatically generated**

**Cornerhouse Referral Form**

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

If you require any further information 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.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Information of Young Person Date of Referral: 15/07/2021** | | | | | | | | | |
| **Name(s)** |  | | | | | | | | |
| **Preferred Name(s)** |  | | | | | | | | |
| **Ethnicity and language spoken** |  | | | | | | | | |
| **Gender** | Trans Non-Binary  Female  Male  Other | | | **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** |  | | | | | | | | |
| **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** | | | |
| |  |  | | --- | --- | | **Work previously completed by other agencies.** |  | | **What support does the YP require?** |  | | **Any other agencies involved?** |  | | **Where did you hear about us?** |  | | **Project referring to** | **CARE (CSE)** *if referring to CARE, please fill in the table after reason for referral, without this info your referral will not be processed and will be returned to you.*  **Boys and Young Men’s Project**:  Break the cycle  Support for SEN young people  **Step Out** LGBTQ+ youth group | | | | | | | | | | |
| **Referral Source** | **Agency** | |  | | | | | | |
|  | **Contact Name** | |  | | | | | | |
| **Contact Details**  **Inc email.** | |  | | | | | | |
| **If you are not the social worker and social care is involved, please give details below:** | | | | | | | | | |
| **Name** | | | | | | **Contact details (inc email.)** | | | |
| **Reason for Referral**  **Please give relevant information.** |  | | | | | | | | |
|  | | | | | | | |  | | |
| **If you are referring to the CARE Project please complete the following:** | | | | | | | | | | |
| **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/ Peergroup | | | |  | |
| Self-Harm | |  | | | Unaccounted Gifts | | | |  | |
| Associating with Sexually Exploited Children | |  | | | Associating with Unknown Adults | | | |  | |
| **Known or believed perpetrators. Names/Addresses/Descriptions and/or Aliases** | | | | | | | | | | |
| **Has a NRM (National Referral Mechanism) referral been made? Yes  No**  **If yes what was the outcome:** | | | | | | | | | | |