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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

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: 15/07/2021** |
| **Name(s)** |  |
| **Preferred Name(s)** |  |
| **Ethnicity and language spoken** |  |
| **Gender**  | [ ] Trans [ ] Non-Binary[ ] Female [ ]  MaleOther  | **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** [ ]  |
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| **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 |

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| **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:** |