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**FlipSide Referral Form**

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.

To be emailed to: **referrals@flipsideproject.org**

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| **Personal Information of Young Person Date of Referral:**  |
| **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 we assume 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:** (if applicable) |  |
| **Relationship:**  |  |
| **Contact details:** |  |
| **Is parent/ carer aware of referral and consent to share their personal data****(if applicable)** | **Yes** [ ]  **No** [ ]  |
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| **Reason for Referral****Please give relevant information.** |  |
| **Any other agencies involved?** |  |

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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.)** |
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| **Has a NRM (National Referral Mechanism) referral been made? Yes** [ ]  **No** [ ] **If yes what was the outcome:** |

**This box is for the young person who is being referred to use to tell us anything they would like to.**

**What support do you feel you need? What is happening for you? What are your interests?**